



*Class*      Sadoff      *No.*      Journal  
                 Cage

Robert L. Sadoff Library of  
Forensic Psychiatry and  
Legal Medicine











Digitized by the Internet Archive  
in 2013







THE  
AMERICAN  
JOURNAL OF INSANITY.

EDITED BY THE  
MEDICAL OFFICERS OF THE NEW YORK STATE  
LUNATIC ASYLUM.

---

VOL. XXXV.

---

The care of the human mind is the most noble branch of medicine.—GROTIUS.

---

STATE LUNATIC ASYLUM.  
UTICA, NEW YORK.  
1878-9.

---

ROBERTS & CO., PRINTERS,  
HERALD OFFICE, UTICA.

---



# INDEX TO VOL. XXXV.

---

Abstract of the Laws of the State of New York in regard to Commitment of Insane to Asylums, their Detention and Discharge and Comparison of the same with the Statu- tory Provisions of England. By John P. Gray, M. D., LL. D.,.....	359
A Case of Kleptomania. By. B. D. Eastman, M. D., .....	254
American Medical Association, meeting of the .....	186
An Animated Molecule and its Nearest Relatives. By Daniel Clark, M. D.,.....	189
Andrews, Judson B., M. D. Early Indications of Insanity,..	487
An English View of Non-Restraint, .....	452
Aphasia or Aphasic Insanity, Which? A Medico-Legal Inquiry. By C. H. Hughes, M. D., .....	592 400
Appointment of Dr. W. B. Bancroft,.....	592
Appointment of Dr. E. N. Brush,.....	475
Appointment of Dr. Edward Cowles,.....	592
Appointment of Dr. B. D. Eastman,.....	592
Appointment of Dr. H. D. Gardner,.....	187
Appointment of Dr. William A. Gorton,.....	358
Appointment of Dr. William Hailes, .....	593
Appointment of Dr. S. B. McGlumphy,.....	593
Appointment of Dr. W. W. Miner, .....	475
Appointment of Dr. T. J. Mitchell, .....	358
Appointment of Dr. J. G. Park, .....	592
Appointment of Dr. T. O. Powell, .....	593
Appointment of Dr. H. M. Quinby, .....	592
Appointment of Dr. S. A. Russell,.....	593
Appointment of Dr. W. E. Saunders,.....	592
Appointment of Dr. Henry R. Steadman, .....	592
Appointment of Dr. Horace Wardner,.....	358
Association of Medical Superintendents of American Asylums for the Insane, Proceedings of the.....	74

Association of Medical Superintendents of American Asylums for the Insane, Remarks omitted from Proceedings, .....	482
Bancroft, W. B., M. D., appointment of, .....	592
Bequest of Jonathan Burr, .....	357
Books, Pamphlets and Journals, Notices of, .....	345, 466, 563
Brush, Edward N., M. D., appointment of, .....	475
Brush, Edward N., M. D. Feigned Insanity, Case of John Gaffney, .....	534
Bucke, R. M., M. D. 'The Moral Nature of the Great Sym- pathetic, .....	229
Bulletin of the New York Medico-Legal Society, .....	475
Catlett, George C., M. D., Re-election of, .....	358
Channing, Walter, M. D., resignation of, .....	592
Clark, Daniel., M. D. An Animated Molecule and its Nearest Relatives, .....	189
Clark, Daniel, M. D. Medical Evidence in Courts of Law, ..	375
Compton, William M., M. D., obituary of, .....	484
Cowles, Edward, M. D., appointment of, .....	592
Coxe, Sir James, death of, .....	187
Death of Sir James Coxe, .....	187
Death of Dr. Robert Gardner Hill, .....	188
Deecke, Theodore. On the Epithelium of the Central Canal of the Spinal Cord and the Ventricles of the Brain, .....	433
Deecke, Theodore. Retrospect of German Literature, .....	307
Deecke, Theodore. The Structure of the Vessels of the Nerv- ous Centers in Health and their Changes in Disease, .445,	514
Early Indications of Insanity. By Judson B. Andrews, M. D.,	487
Eastman, B. D., M. D. A Case of Kleptomania, .....	254
Eastman, B. D., M. D., resignation of and appointment, .....	592
Epithelium of the Central Canal of the Spinal Cord and the Ventricles of the Brain. By Theodore Deecke, .....	433
Feigned Insanity, Homicide, Suicide, Case of William Barr <i>alias</i> Ball. By Carlos F. MacDonald, M. D., .....	411

Feigned Insanity, Case of John Gaffney. By Edward N. Brush, M. D., .....	534
Ford, W. E., M. D., resignation of, .....	475
Gardner, H. D., M. D., appointment of, .....	187
Gorton, William A., M. D., appointment of, .....	358
Gray, John P., M. D., LL. D. An Abstract of the Laws of the State of New York in Regard to the Commitment of the Insane to Asylums, their Detention and Discharge, and Comparison of the same with the Statutory Provisions of England, .....	359
Gray, John P., M. D., LL. D. Suicide, .....	37
Great Sympathetic, The Moral Nature of the. By R. M. Bucke, M. D., .....	229
Grissom, Eugene, M. D., LL. D. True and False Experts, ...	1
Hailes, William, M. D., appointment of, .....	593
Hailes, William, M. D. Sections and Section Cutting, with a Description of a New Poly-Microtome for Freezing, .....	503
Hays, Isaac, M. D., obituary of, .....	595
Hill, Dr. Robert Gardiner, death of, .....	188
Hughes, C. H., M. D. Aphasia or Aphasic Insanity, Which? A Medico-Legal Inquiry, .....	400
Index Medicus, .....	476
Insane Patients and their Legal Relations. By Foster Pratt, M. D., .....	182
Insanity, Early Indications of. By Judson B. Andrews, M. D.,	487
Insanity, Feigned, .....	411, 534
Judicial Authority of the State Commissioner in Lunacy Determined, .....	476
Kenrick, Timothy F., M. D., obituary of, .....	594
Kleptomania, A Case of. By B. D. Eastman, M. D., .....	254
Libel Suit against the Editor of the AMERICAN JOURNAL OF INSANITY, .....	480
Lindsay, W. Lauder., M. D., F. R. S. E. Mechanical Restraint in English Asylums, .....	541

Lindsay, W. Lauder, M. D., F. R. S. E. The Theory and Practice of Non-Restraint in the Treatment of the Insane,	272
Livingston, A. T., M. D., resignation of,.....	475
MacDonald, Carlos F., M. D. Feigned Insanity, Homicide, Suicide, Case of William Barr <i>alias</i> Ball, .....	411
McGlumphy, S. B., M. D., appointment of,.....	593
Mechanical Restraint. By A. M. Shew, M. D.,.....	556
Mechanical Restraint in English Asylums. By W. Lauder Lindsay, M. D., F. R. S. E.,.....	543
Medical Evidence in Courts of Law. By Daniel Clark, M. D.,	375
Miner, W. W., M. D., appointment of,.....	475
Miner, W. W., M. D., resignation of,.....	593
Mitchell, T. J., M. D., appointment of, .....	358
Non-Restraint, An English View of, .....	452
Non-Restraint, The Theory and Practice of, in the Treatment of the Insane,.....	272
OBITUARY :	
William M. Compton, M.D., .....	484
Isaac Hays, M. D.,.....	595
Timothy F. Kenrick, M. D., .....	594
Benjamin Workman, M. D.,.....	484
Opening of the New Asylum at Pontiac, Michigan, .....	187
Opening of a Private Asylum at Holly Springs, Miss.,.....	358
Park, J. G., M. D., appointment of, .....	592
Pathological Laboratory of Pennsylvania Hospital, opening of,	475
Powell, T. O., M. D., appointment of, .....	592
Pratt, Foster, M. D. Insane Patients and their Legal Relations,.....	182
Proceedings of the Association of Medical Superintendents of American Asylums for the Insane, .....	74
Proceedings of the Association of Medical Superintendents of American Asylums for the Insane, Remarks omitted from,	482
Quinby, H. M., M. D., appointment of, .....	592



Re-election of George C. Catlett, M. D.,.....	358
Re-election of G. A. Shurtleff, M. D., .....	187
Reports of American Asylums for the Insane, Notice of, 311, 323, 579,	
Reports of Foreign Asylums for the Insane, Notice of,.....	327
Resignation of Walter Channing, M. D., .....	592
Resignation of B. D. Eastman, M. D., .....	592
Resignation of W. E. Ford, M. D., .....	475
Resignation of A. T. Livingston, M. D.,.....	475
Resignation W. W. Minner, M. D., .....	593
Retrospect of German Literature. By Theodore Deecke,....	307
Russell, S. A., M. D., appointment of, .....	593
Saunders, W. E., M. D., appointment of,.....	592
Sections and Section Cutting, with a Description of a new Poly-Microtome for Freezing. By William Hailes, M. D.,	503
Shew, A. M., M. D. Mechanical Restraint.....	556
Shurtleff, G. A., M. D., re-election of, .....	187
State Commissioner in Lunacy, His Judicial Authority Deter- mined, .....	477
Steadman, Henry R., M. D., appointment of,.....	592
Suicide. By John P. Gray, M. D., LL. D., .....	37
The Epithelium of the Central Canal of the Spinal Cord and of the Ventricles of the Brain. By Theodore Deecke,...	433
The Structure of the Vessels of the Nervous Centers in Health and their Changes in Disease. By Theodore Deecke, 445, 515	
True and False Experts. By Eugene Grissom, M. D., LL. D.,	1
Vessels of the Nervous Centers, Structure of in Health and their Changes in Disease. By Theodore Deecke,....445, 515	
Wardner, Horace, M. D., appointment of,.....	358
Workman, Benjamin, M. D., obituary of, .....	484



# AMERICAN JOURNAL OF INSANITY, FOR JULY, 1878.

---

## TRUE AND FALSE EXPERTS.\*

---

BY EUGENE GRISSOM, M. D., LL. D.,  
Superintendent Insane Asylum for North Carolina, Raleigh.

---

The full recognition of the harmony that should exist between the claims of medical science and the demands of criminal law, is a social problem of the first magnitude.

Notwithstanding the rich and varied literature, the manifold discussions, the numerous trials with their accompanying forensic display, that enter into the history of the struggle to secure substantial justice for the insane, or to defeat the pretences of the wicked, the subject is yet of no less interest than importance. It is of interest as are all the questions that involve the study of mankind by man; it is of importance as upon the conclusions hang the lives of so many fellow-beings.

Although it has been so ably treated by members of this body, that their conclusions have modified the medical jurisprudence of more than one nation of the earth, the subject has yet a timely interest from the persistent efforts that have been made to turn back the hands upon the clock of time, and to return to ancient legal by-ways, long since abandoned for the open roads of scientific investigation established since the days of Coke and Blackstone.

---

\* Read before the Association of American Superintendents, Washington, D. C., May, 1878.

In modern times, insanity has been the subject of legal investigation, when questions of capacity for the management of affairs, or the validity of wills, or of confinement to prevent injury to self or others were involved, but most frequently probably when offered as a bar to punishment by criminal prosecution.

It is the mutual relations of law and medicine in regard to the plea of irresponsibility in criminal offenses, and the connection of expert testimony therewith, that we venture to examine at this time, under the conviction that whatever remains unsettled and doubtful in the law itself, whatever is injurious and misleading in the administration of justice, demands a speedy correction as soon as recognized by the enlightened sense of mankind.

It should be remembered that the physician must be the friend of the insane, and humanity demands that we consider and reconsider the fearful trust of the lives and reputations of the afflicted, until we shall be able in the fullness of time, to reach conclusions whose influence for practical good will sooner or later be acknowledged, and the jurisprudence of a coming generation adjust itself by an equity that shall have more of the divine element of Knowledge than the rude justice of the Past.

Chief Justice Shaw, in the case of Rogers,\* defined the principles of expert testimony with clearness in the following language:

The rule of Law, on which this proof of the opinion of witnesses, who know nothing of the actual facts of the case is founded, is not peculiar to medical testimony, but is a general rule, applicable to all cases, where the question is one depending on skill and science, in any peculiar department. In general, it is the opinion of the

---

\* JOURNAL OF INSANITY, Vol. I, p. 270. Trial of Rogers for the murder of Lincoln. Worden (Mass.) Prison, 1844.



jury which is to govern, and this is to be found upon the proof of the facts laid before them.

But some questions lie beyond the scope of the observation and experience of men in general, but are quite within the observation and experience of those whose peculiar pursuits and profession, have brought that class of facts frequently and habitually under their consideration. Shipmasters and seamen have peculiar means of acquiring knowledge and experience, in whatever relates to seamanship and nautical skill. When, therefore, a question arises in a court of justice upon that subject, and certain facts are proved by other witnesses, a shipmaster may be asked his opinion as to the character of such acts. The same is true, in regard to any question of science, because persons conversant with such science have peculiar means, from a larger and more exact observation, and long experience in such department of science, of drawing correct inferences from certain facts, either observed by themselves, or testified to by other witnesses.

\* \* \* \* \*

It is upon this ground that the opinions of witnesses who have long been conversant with insanity in its various forms, and who have had the care and superintendence of insane persons, are received as competent evidence, even though they have not had opportunity to examine the particular patient, and observe the symptoms and indications of disease, at the time of its supposed existence.

When such opinions come from persons of great experience, and in whose correctness and sobriety of judgment just confidence can be had, they are of great weight, and deserve the respectful consideration of a jury. One caution, in regard to this point, it is proper to add, the professional witnesses are not to judge of the credit of other witnesses, or of the truth of the facts testified to by them.

The attempt to follow the motives of a frightful deed of violence into the recesses of the mental structure of the man who has committed the act, and is arraigned at peril of life to answer for the outrage, is one of the most solemn of human inquiries. It is, indeed, a momentary search, as it were, for the gift of the Omniscient One, who alone reads the whole heart of man. It is a type of that day of judgment that Christian belief

assigns as the most tragic scene in all the history of man.

No living man can entirely project himself into the consciousness of another. Whatsoever deals with human conduct must walk among mysteries. Some anomalies in human experience will forever wear the shroud of uncertainty. Whoso would track the labyrinth of the insane mind should have the light of experience for his feet, and the courage of a pure and honest heart.

There was a period in history, not so very remote, when the recognition of insanity as the result of physical disease had not dawned upon awakening humanity and civilization. What has been called the "modern refinement" of expert testimony was unknown, and the arbiters of science as well as law sat upon benches red with innocent blood.

There are those as we shall see, who would fain restore the good old days. It was but a hundred and twenty years ago, when Christendom witnessed the tortures of Robert Francois Damiens, who in a maniacal paroxysm, wounded Louis XV.\* The merciful law burned his hand, tore his flesh with red-hot pincers, poured melted lead and sulphur into the wounds, and tore him apart with four horses, after many efforts, amid the jokes of the pitiful insane wretch.†

We should not unduly censure the cruelty of an age in which the ignorance of the dependence of human conduct upon the physical condition of the brain was so dense and profound. Tribunals, after all, are without inspiration; they can only pronounce a judgment

---

\* JOURNAL OF INSANITY, Vol. III, p. 185.

† Fitzroy Helly, a counsellor of the English bar, has publicly declared in London, that the records of the Assizes show the execution of sixty persons during the present century, who are conceded to have been lunatics in the eye of the medical science of to-day.

based upon the general assent of the most intelligent members of society; nothing more—and when that intelligence is vivified and immensely enlarged by the wonderful scientific advance which the world has witnessed, falsehoods hoary with time fall away, and truth after truth will assert its dominion at last.

Sir Vicary Gibbs,\* Attorney General of England, declared, “I say this upon the authority of the first sages in this country, and of the established law in all times, which law has never been questioned, that although a man be incapable of conducting his own affairs, he may still be answerable for his criminal acts, *if he possess a mind capable of distinguishing right from wrong.*”

Dr. Bell, in speaking of the case of Bellingham, reminds us that under this very rule, “A man whom nobody now doubts to have been insane, committed his homicidal act on the 11th May, 1811, was tried, convicted, sentenced, executed, and his body placed on the dissecting table on the 18th; all within one week!”

Has America no addition to the sombre record? What of the condemnation of Cornell, whose sentence was commuted, that his insanity might convince the world, at Auburn; or Wilcox, also condemned and afterwards insane in Clinton Prison? What of the deaths upon the gallows, of Cook, at Schenectady; of Prescott, in New Hampshire; of Baker, in Kentucky; or of Maude, in New Jersey, a man who had actually been confined as a patient in an asylum, and escaped therefrom?

It is no wonder that as medical science convinced mankind that insanity was the result of disease, the nobler minds in the legal profession should demand the light of medical information in the midst of issues of such vast importance, in the effort to define such

insanity as the law could admit, and to recognize its victims with the keen and trained faculties sharpened by constant scientific use.

The successive dogmas adopted to limit and bound so intangible an effect as insanity are a twice told tale to the profession, but it is noticeable that until within a recent period, there has been an earnest and continual endeavor to reconcile the claims of offended justice with those of an enlightened humanity, step by step, as the light of science leads the way, approximating justice and equity.

As early as thirty-three years ago, some manly and almost prophetic declarations were made by the presiding judge, in the case of Klein,\* for murder, New York Court of Oyer and Terminer. His Honor said :

That it was by no means an easy matter to discover or define the line of demarkation where sanity ended and insanity began, and it very frequently occurred that a condition of mental aberration shaded off from a sound state of mind, so gradually and imperceptibly, that it was difficult for those most "expert" in the disease to detect or explain its beginning, extent or duration. And in this, as in other diseases of the human system, there was an infinite variety, so great indeed, as almost to justify the remark that no two cases were ever precisely alike. \* \* \* \*

The discoveries in the nature of the disease, and the improvements in the mode of its treatment, had been so great in modern times, that it had become almost a distinct department of medical science, to which some practitioners devoted themselves almost exclusively. The opinions of such persons, especially when to their knowledge they added the experience of personal care of the insane, could never be safely disregarded by courts and juries. \* \* \* \*

What is meant by "an insane person," is now, and long has been a matter of great difficulty. At one time it was held by the courts to be only such an overthrow of the intellect, that the afflicted person must "know no more than the brutes,"† to be ex-

---

\* JOURNAL OF INSANITY, Vol. II, p. 262, Judge Edmonds.

† Judge Tracy, 1723.



empt from responsibility. As science progressed, the rule has been extended in modern times, until it begins to comprehend within its saving influences, most of those, who by the visitation of disease are deprived of the power of self-government. Yet the law in its slow and cautious progress still lags far behind the advance of true knowledge. \* \* \* \*

If some controlling disease was in truth the acting power within him, which he could not resist, or if he had not a sufficient use of his reason to control the passions which prompted the act complained of, he is not responsible, but we must be sure not to be misled by a mere impulse of passion, an idle, frantic humor, or unaccountable mode of action, but inquire whether it is an absolute dispossession of the free and natural agency of the human mind. \* \* \* \*

In order then to constitute a crime, a man must have memory and intelligence to know that the act he is about to commit is wrong, to remember and understand that if he commits the act he will be subject to punishment, and reason and will to enable him to compare and choose between the supposed advantage or gratification to be obtained by the criminal act, and the immunity from punishment, which he will secure by abstaining from it.

If, on the other hand, he have not intelligence and capacity enough to have a criminal intent and purpose, and if his moral or intellectual powers are either so deficient that he has not sufficient will, conscience, or controlling mental power, or if through the overwhelming violence of mental disease, his intellectual power is for the time obliterated, he is not a responsible moral agent, and is not punishable for criminal acts.

In proportion as the public sense accepted the fact that insanity was to be attributed to disease, and not to a psychical possession akin to the notion of witchcraft, that, alike from the general mind, was reflected also in the language of the law, in annals that are painful to dwell upon; so did the conviction the more fully fasten upon the legal mind that the technical facts of insanity must be developed for the jury by a skilled understanding, and it became absolutely essential to call in the aid of medical experts. This process is still going on.

The following is from a review,\* in the *AMERICAN JOURNAL OF INSANITY*, on a valuable "Report on the Medical Jurisprudence of Insanity," by Prof. Coventry :

Reforms of every kind are indeed slow in progress, not in being assented to in theory, but in being accepted and carried out. \* \* The legal relations of insanity, and the responsibility for supposed crime are as uncertain and unsettled as in the time of Blackstone or Lord Coke. This is because so comparatively little of the great light shed upon the subject of mental disease, and its relations to human responsibility during the past century, has yet penetrated the popular understanding, and the dogmas and precedents of the courts. But though slow in their progress "reforms never go backwards."

While it will be acknowledged that some progress has been made since that period, and in a few States of the Union admirable changes effected in the modes of administration of the criminal law, the great truth yet remains of the lamentable need, over the country at large, for yet farther revision and readjustment of modes of proceeding with persons pleading insanity in bar of punishment for offenses. In a free and intelligent land, statutes will be enacted as an expression of deliberate public opinion. How important, therefore, that public opinion should be impressed by those whose lives are given to the practical study of insanity. Unpleasant as some aspects of the struggle may be, the physicians of the insane can not do their whole duty if they permit the noisy charlatan to fill the public ear with sensational falsehoods to please a mob athirst for something strange to feed upon; or even if they surrender this field to the theories of legal gentlemen, who, with admirable motives, have, by their very education and mental habits, become unfitted for the reception of truths discoverable in so experimental a science as medicine.

\* *JOURNAL OF INSANITY*, Vol. XV, p. 420.

What the status of the expert in insanity in courts of law, and before that court of last resort, public opinion, has been, is now, and should be, though often discussed, may *still* claim our careful consideration, inasmuch as its final settlement involves so much to the profession directly, and more to humanity at large.

We may fairly assume, that in cases of criminal accusation, what men desire is substantial justice. The legal effect of an act, should, in absolute equity, depend upon its moral quality. But the moral quality can only be *approximately* judged, and that by our knowledge of the *natural history*, so to speak, of the act. Knowledge must necessarily be supplemented in part by *opinion*. And the least possible room is left for a doubtful quantity, when every avenue of knowledge has been explored with a competent guide.

The medical expert is in part a guide, as Dr. Reynolds has happily said, "he is one who knows *what* to look for, and *why* to search for it, as well as *what* to see."

I need not remind you that the most enlightened nations of the Continent have given large powers to medical experts. Thus, to avoid detail, we know that in France a preliminary step in the trial of the alleged insane is to submit him to the examination of a board of experts; and in Germany, medical experts are called upon to conduct an examination, in the presence of a judge, and their opinion must be rendered with a written statement of the whole investigation.

It is a familiar fact that the usual course of introduction of expert testimony in the courts, so far as insanity is concerned, is for the purpose of sustaining the position of counsel for the prosecution or the defense, as the case may be, with the strange anomaly of a witness announcing the conclusions of a most recon-

dite science, and straightway being cross-examined concerning the same, as though to demonstrate his ignorance or untruth, by a layman, presumed to be a stranger to the very science, of which the expert is supposed to have special knowledge. Nor is it altogether unknown, for the judge himself, after questions tending to intimate the unreality of medical knowledge to conclude with a charge to the jury, to stand by decisions whatever the consequences. And yet there was a period when the scientific world was as thoroughly convinced as to-day, that witchcraft was a monstrous delusion and still *stare decisis* from the lips of the great and good Sir Matthew Hale was the death knell of at least two poor women for sorcery.

We can not censure the upright judge who knew not his own wrong, but what can we say of a school of latter day philosophers who look back reverently to his dicta upon insanity of which he was equally ignorant, and who would persuade civilization and humanity to retrace their footsteps to the darkness of the past, amid the spectres of the innocent condemned?

And yet such men live not only among the mistaken devotees of legal precedent, but as we shall see, men who hide the Mephistopheles behind the cloak of the philosopher, and diffusing a subtle moral poison even through the fountains of the great daily press, would drug a Christian people into moral insensibility and practical atheism.

The early history of the services of experts in insanity before American courts, is an honorable page in the literature of our profession. I need not remind you of the estimate humanity must accord to the labors of such men as Drs. Woodward, Bell,\* Brigham, and others, who did so much to modify the expression of judicial

---

\* Memoir of Dr. Bell, JOURNAL OF INSANITY, Vol. XI, p. 114.



opinion in regard to the proofs demanded to demonstrate the existence of insanity. I need not point you to the subsequent history of persons accused, especially in the trials as fully reported, occurring in the Eastern States, who were remanded to Insane Hospitals for care and treatment upon the evidence of these experts.

And yet with so much of human experience recorded in the annals of the law, in regard to the value of medical testimony, Lord Campbell, from his lofty judicial seat, could say to three learned and respected physicians, "You may go home to your patients and be more usefully employed there than you have been here." This, it will be remembered, was in the Bainbridge Will Case.

And it is another of the legal anomalies remaining that in a number of States of this Union, to the present day, the testimony of non-experts† as to the mental condition of a prisoner is duly taken, if based upon personal observation. It is not matter of surprise that extraordinary results sometimes follow. The United States Courts permit the same.

Let us note, that here at least, the rule should be modified, by which only the declaration of such acknowledged and notorious phenomena of insanity as are accepted without question, with duly corroborating circumstances, should be received from such witnesses. Should not the force of such testimony be greatly restricted where there is appearance of doubt in the case, and should not its recognition by experts be demanded in such instances?

In the comments on the case of Davenport,‡ for the murder of Wilson, Bennington, Vt., 1863, it is stated that

---

† Dewitt vs. Baily and Schoonmaker (3 Smith, 340).

‡ JOURNAL OF INSANITY, Vol. XX, p. 413.

the Court ruled "that medical witnesses can only be asked what certain facts, admitted or supposed, *tend* to prove in respect to the mental condition of an accused party." But as the writer well says:

Neither substantial facts nor logical definitions can always describe a case of mental disease. As the opinion of an artist upon the genuineness of a picture, and that of a ship-builder upon the sea-worthiness of a ship are lawfully taken because no scientific test is possible, so the judgment of an expert in mental diseases should be freely admitted.

It was by slow degrees that the position of the medical expert came to be accurately apprehended, and development in this direction as we shall observe, is yet demanded by the justice that shall approach nearest the sublime equity of our Maker.

The *London Medical Gazette* (November 28, 1851) relates that:

An application was made to the Lord Chancellor, last week, for the payment out of a lunatic's estate of a fee of fifty guineas to Dr. F. Winslow, for his examination and report on the condition of a lunatic. In refusing the application, the Lord Chancellor remarked—that in the present instance, as was likewise almost the invariable practice, the medical man had reported in favor of the views of those parties which had employed him.

In regard to the basis of evidence properly receivable as such from the expert, we find in Beck's *Medical Jurisprudence*, that the medical witness is cautioned:

*First.* That his opinion must be based on the medical facts of the case. "It is not the province of the expert to draw inferences of fact from the evidence, but to give his opinion on a known or hypothetical state of facts."

*Second.* Physicians are not allowed to give their opinions on the case as submitted to the jury.

*Third.* Medical men are not usually allowed to quote the books of authority in their profession to fortify the opinions they have given in the case.

The principle assigned by the bar to explain this exclusion of medical literature is, that nothing is evidence which is not sworn to. But it has been well remarked that much enters into a case that is not sworn to. Lawyers do not scruple to refer to medical works, and seek to entangle the expert amid seeming contradictions by questions intended to develop antagonistic views on the part of the expert, to one or other leading authority upon insanity in regard to the nomenclature and the scientific appointment of language to define the various grades of mental alienation. Judges themselves not infrequently quote medical writers from the bench in the charge to the jury, in opposition it may be to the views of the expert, while denying him the advantage of the precision of language employed by authors, to represent fairly his own views, to say nothing of the charm of the printed word and the ponderous volume upon the mind of the average jurymen.

In the case of the *Queen vs. Frances*, in London, 1849, Baron Alderson refused to allow a medical gentleman present in court, who had heard all the evidence, to testify to his opinion of the soundness of mind of the accused. He said: "The proper mode is to ask what are the symptoms of insanity, or to take particular facts and assuming them to be true, to ask whether they indicate insanity on the part of the prisoner." Otherwise, it is really, he said, to substitute the witness for the jury.

Sixteen years later we find the following opinion from the bench, in the charge of Judge Mellor,† in the case of *Regina vs. Southey* for the killing of his wife and child, 1865. The defense being insanity, and many facts having been sworn to, the Judge charged :

---

† JOURNAL OF INSANITY, Vol. XXIII, p. 394.

That every man was presumed to be sane until the contrary was shown, that the jury must not give themselves up to the medical testimony, but must exercise their common sense and judgment upon it. Some medical men had theories upon insanity, which if applied generally, would be fatal to society. The opinion of persons who had observed a man for months, was worth far more than that of those who went to see him once, for the very purpose of giving evidence that he was insane. It was not enough that some amount of insanity was shown. It must appear that the prisoner did not know that he was doing wrong.

The natural conclusion perhaps followed this charge. The Judge succeeded as an advocate, and the accused was sentenced to death.

So also, as the writer to whom we have just referred reports, in *Regina vs. Leigh*, before Chief Justice Erle for the murder of Harriet Marton, February, 1866, the Judge charged:

The question was, whether he was or was not responsible when he committed the act—not whether he was *not* guilty, on the ground of insanity, that was an issue far too vague. \* \*

The law, however, did not say that when any degree of insanity existed, the party was not responsible, but that when he was in a state of mind to know the distinction between *right* and *wrong*, and the nature of the act he committed, he was responsible.

In striking contrast to these expressions, hear the voice of the lamented Griesinger, speaking of what some call partial insanity, “At what limits must it be said that a man is blind? Is it only when he can no longer perceive a ray of light?”

The unfortunate disposition to regard medical men as governed by false sentiment, or imaginative fancies, at war with the best interests of society, may often be observed. So far has this feeling been manifested as to



lead to the most fallacious reasoning, to the discredit of the bench. Thus, before the Judicial Society, we find Baron Bramwell declaring (December, 1857) that:

The question to be discussed was not the relative amount of pity which we should feel for the sane or the insane, but how is the law to deal with the commission of an act which it prohibits? To solve this question, it is necessary to go back to the true theory of punishment, which is, that pain being in itself an evil, society has no right to inflict it upon an individual, except for the purpose of preventing crime, by the *fear* of it on the individual punished, and by the *spectacle* of it on the rest of the community. The certainty, therefore, with which punishment follows crime is of the last importance in teaching men to respect the law, and to abstain from breaking it; for since the law threatens all mankind, it would be a mere *brutum fulmen*, if it did not also punish those who violate it. The madman, amongst others, is threatened by the law; why then should he escape if he infringes the law; and why destroy that certainty of punishment following crime which is the very essence of its preventive power? For his part, he could conceive an argument being maintained to show that even idiots should be punished when they break the law; but in such an opinion, if held by any one, he did not share. If you do not punish the madman, you hold out a premium to the commission of crime; for every man would calculate that he would be fortunate enough to escape by some one proving that he was mad, on the same principle as that on which people lead a forlorn hope, or put into a lottery, not calculating the chances against them, but trusting that they will be the fortunate ones to survive, or to win the prize.

Of such tenets held by the learned Judge, it was well remarked:

That the legal profession generally, and especially the judges, have so little practical acquaintance with insanity, that their minds are absolutely unable to comprehend vast truths which are familiar enough to medical men. Examinations in courts of justice are peculiarly unfavorable to the diffusion of just ideas on these matters, and the medical witness consequently gives his testimony amidst an amount of prejudice, arising from ignorance, which is too often fatal to the best interests of humanity and justice.

The natural responsibility of the position of a medical expert, is *heightened* by the imperfect systems ex-

isting, whereby the physician is often hurriedly called to give an opinion based upon miscellaneous facts, gathered by laymen, with slight opportunity for observation of the accused, with the forlorn hope that he may confirm or refute a plea, offered at the last moment, or during the very progress of the trial, for the first time. Surely this procedure is unworthy of that degree of civilization which our country has reached. If, as we know, one or two States have sought out a better way, it is time that the efforts of physicians, who have the especial charge of the insane, should arouse public sentiment to the urgent need of progress throughout our entire country.

It has been well said by Dr. Chipley,\* in speaking of the medical witness:

It is an embarrassing position, not willingly assumed by intelligent medical men. In fact, it is a matter of notoriety that physicians avoid a summons in such cases by every means in their power; when they would not shrink from the discharge of their duty, if allowed an opportunity to analyze the case as they are daily doing in regard to other diseases.

They are required to pronounce an opinion which may involve the life of the prisoner on the one hand, or interfere with the just administration of the law on the other, on data, which in ordinary practice, would not authorize a diagnosis in any case of disease, or justify the administration of the simplest remedies.

But whatever may be the difficulties that surround us, it is unhesitatingly our duty to apply such powers as we possess to the solution of the question presented. We dare not turn our backs to this appeal, because the dearest interests of the insane are involved on the one hand, and the sacred bulwarks that encircle society lie exposed to outrage on the other. How shall we gird our loins for the task?

---

\* JOURNAL OF INSANITY, Vol. XVII, p. 302.

First, since, *when* the true mental attitude of the expert is understood, he will be really recognized as upon the one issue, a virtual judge, we should cultivate a calm and impartial frame of mind, in addressing ourselves to the inquiry before us. This is a duty, the importance and solemnity of which it is impossible to exaggerate. The expert should follow neither in the train of the prosecution or the defense. Too long has science, bearing the rich fruits of experience and skill, been dragged as a slavish trophy behind the conqueror's chariot in the legal struggle.

We should demand the enactment of statutes remanding to a commission of experts the examination of the accused, that the plea of lunacy may be disposed of, when presented, before issue is joined or trial begun. Compensation for this service should be made by the State only. And it may well be claimed that the observation of the commission should extend through such a period of residence in an insane hospital, as will supply ample data for exact conclusions. To this might be wisely added, the visits and observations of a physician especially sent by the defense to co-operate with the commission.

But while we are waiting to secure the passage of laws retaining the valuable features of the statutes of New York or of Maine, the medical expert can at least frankly assure the counsel, in the case of hurried consultations, that he must testify from a knowledge of all the facts attainable, and that if important facts are developed, previously withheld from him, that his views must be readjusted to the whole truth. Indeed, we should labor to place the expert in the position of *amicus curiæ*.

I need not remind you with what care we should seek the history of the accused, what has been his

parentage, education, and physical habits, whether there has been recognized any great physical or moral change in the man; and if so, whether sudden or gradual, what is his organic condition, and whether trophic degeneration of any character is discoverable, whether hereditary influences indicate hysteria, chorea, epilepsy, syphilitic diathesis, or other profound disturbance of the nerve centers; what inconsistencies of opinion are in sharp contrast with his usual course of belief, whether there is inordinate grandeur attributed to his personal abilities or interests, whether the bodily functions are performed with regularity, and he enjoys natural sleep, and whether there is that due accord of mental and physical manifestations which long experience has shown to be in appropriate relation to each other in the several forms by which insanity has been recognized, and by which there have been efforts at its classification. We are to avoid the substitution of names for realities. "Test every case by its symptoms," is the very axiom to be dwelt upon by the medical mind. This is abhorrent to the legal profession who can not understand the belief of the physician, that within certain limits every case is a law unto itself.

One of the primary demands, therefore, on the witness-stand, is a classification from the expert, of the forms of insanity, and nosological distinctions once obtained, the forensic struggle is made to show that the expert has failed when drawing his lines, "to divide a hair twixt south and south-west side," or to triumphantly show that the accused may not belong to the special division, in which with some reservations, the expert may have unwarily assigned him.

It would not be profitable here to enter into the long standing questions concerning the forms of insanity, nor can it be conceived that it is the special province



of the expert to enter into such dissertations before a jury, any more, than if a surgeon were asked concerning the existence of disease of the heart of a certain character or of locomotor ataxy, it would be proper to enter into obscure theories of causation. It is enough that he can affirm the existence of a prolonged departure from ordinary human conduct, whether it appear to his mind to be primarily due to intellectual aberration, or to the deprivation of natural affections and emotions, or to inability to use the will in accordance with the dictates of the intellect and the control of the moral sentiments, or to impairment of the mutual counter-play of all these powers of the mind.

Is it not true that we are to fix our minds upon results, to look narrowly for physical symptoms of physical changes, whether those changes proceed from what may be commonly termed moral causes, or otherwise? The existence of the insane condition is the fact in question, and not what authors, or physicians, or lawyers, may have fancied to constitute ideal insanity, but the insanity of the individual under investigation—that exceptional condition which marks him as an unfit person upon whom to inflict the penalties designed for actions involving the conscious and willful violation of the rights of others.

Whether, indeed, we may believe with Dr. Gray and many other distinguished alienists, that no case of moral imbecility exists without some deprivation of intellect and reason, whether immediately observable or not; whether we are ready to accept the conclusion of our honored President, Dr. Nichols, whose eminent services to the insane were rendered for a quarter of a century in this Capital of our country, when he says: "It is evident to my mind that cases of insanity have run on for years, under the observation

of competent men, without the discovery of any intellectual lesion whatever;" whether we may agree with the late lamented Dr. Landor, in more extensive views, when he says:

Daily experience shows abundantly that a man or woman may be imbecile morally, from cerebral disorder or disease, and yet have great intellectual or even high logical powers. There are many who being thus diseased mentally, drink to drunkenness, are lascivious, lie, steal, are obscene, homicidal and malicious, in spite of a knowledge of right and wrong, and even with reasoning powers little or at all affected, and whatever the law may decide, the inexorable logic of facts will hold its own:"

Or whether again we accept the views of Dr. Walker, who declares that, "when the will is overborne, the intellect is disturbed. You may call it 'impairment,' 'disturbance,' 'excitement,' or what not, when the will is gone, the individual is gone;" we say, that whether our belief coincides with any of these, is, after all, not of such transcendent importance in a practical point of view, not at least to the extent that such divergences of belief are pictured in the psychology of the gentlemen of the bar.

It will surely be conceded that the typical examples alleged, of emotional insanity, leave at least a strong suspicion of latent weakness in primary or purely intellectual cerebration, often confirmed by the later history of absolute delusion with mania and resultant dementia. On the contrary, it will hardly be disputed, that in general paresis there may be a prolonged early stage, in which, while the emotions and feelings that elevate man above the brute, seem palsied and destroyed; yet bodily vigor is great and the reason apparently acute. And still again, it may not be easy to show, *a priori*, that the mental dynamic force which we denominate the will, may not be irresistibly set in

action by the consentaneous work of passions, with or without the cognition of the dictates of reason.

So that to wander at all into psychology is, for the expert, an abandonment of the safe middle-ground, from which he pronounces an individual sane or insane, from the judgment derived by his experience, from physical indications, and well ascertained history, and yet again from a *recognition*, which long familiarity with the insane may give, but which can no more be formulated in identifying dicta, for cross-examination, than we can explain the recognition of an animal or any article of daily use among many similar thereto, without a possibility of defining that which makes it different to us, by accurate description.

Prof. Meyer,\* of Göttingen, has well said, in connection with the identification of insanity, that:

To judge this affection, the physician is satisfied with a series of symptoms, which his experience has taught him to consider characteristic of insanity, in their mutual relation, in their connection, without his being able to give a sharp definition of the number and meaning of symptoms.

The law takes insanity, or the irresponsibility dependent upon it, as being proved only when the result or the manner of thinking is entirely abnormal; when lively illusions are indicated, and the condition is one of complete confusion. The accused therefore will suffer the penalty of the law, if his thoughts do not differ from the common run, if he talks with tolerable coherence, if he knows his way of action to be criminal and deserving of punishment. Yet it is a fact to be proved, even by laymen, that many of the inmates of our asylums, when subjected to the same ordeal, would be perfectly responsible persons within the meaning of the law.

He points out with clearness, that often in the first onset of mania, the intellect still powerful, struggles with the morbid influence, and thus the mental conflict ensues, which to the world seems the height of madness,

---

\* JOURNAL OF INSANITY, Vol. XXVII, p. 419.

but in its onward progress, and with the intellect breaking down in anticipation of approaching dementia, and under such remedies as may serve to calm physical agitation, an appearance of coherence is again restored, and there is a simulation of action of a truly intellectual character. But this, he affirms is unreal—the fact is that these actions are more or less automatic of previous manifestations, and are not the outgrowth of original thought or of determination guided by a will influenced normally by the intellect. There is no power of originating. He says:

The whole doctrine of morals and ethics, the tenets of the Christian catechism may be found with the insane in their accustomed connection, like the stamp of an ancient coinage, but their ideas are not the product of thinking; their actions not the effect of free will; they are mixed at times with delusions, but reproductions from their former mental lives.

Whether we assent entirely to these propositions, they contain matter of reflection.

If we may be pardoned for digression to a subject too vast for consideration in a paper like this, may we not fairly suggest in leaving this topic, that less stress upon names and divisions, less warmth of adherence to favorite authorities, and a more thoroughly catholic disposition of mind, and courteous acceptance of non-essentials, by medical experts, who may equally recognize the presence of insanity, but by different lines of belief, may tend to good, by its impression upon the bar, the bench and public opinion; that, after all, the facts are too solemn, and demand too much sincerity and earnestness of mind, to allow room for speculations upon the particular channel by which they occur.

Yet the medical expert can not be guiltless if he fail to acquaint himself with the revelations of the most advanced thinkers and laborers of the profession. Would



any toxicologist of the present day be justified in appealing to the rude tests of a hundred, nay, of fifty years ago, in regard to the detection of poisons? Have we not seen what will come of such mistakes? Chemical science grows and its growth is formally accepted and acted upon by the courts. Why not medical science too, and that most exquisite branch which weighs in imponderable scales the capacity of a fellow creature to fulfill the demands of society.

One of the singular anomalies of criminal procedure, is the denial of the right of the expert to express an opinion in the hearing of the jury upon the facts as proved before the court. But the counsel upon either side may frame hypothetical questions, containing as many half-truths as possible, only with phases reversed, omitting what they please, and perhaps, joining inference and implication to actual evidence, and may demand a categorical answer, which may require *Yes* and *No* to be said of the same individual, with a cross-examination to follow, the whole to be concluded by an appeal to the jury to perform the mental acrobatic feat with safety, of resting their conclusions upon whatever they may gather from each side that bears the semblance of certainty.

It is to be regarded as fortunate that there is now a disposition on the part of some judges to permit the expert to declare his opinion, from the entire burden of the testimony. It is at least an advance, when facts and not fiction form the basis of opinion.

It must be remembered that the opinion of an expert who is truly such, is more than a dictum—it approaches the dignity of a judgment, so far as the particular plea of insanity is concerned. True, there should be great caution that the witness is truly qualified. That he be a physician is not enough, for not all physicians are

experts in every branch of medicine. That he has had opportunities for observing insanity is not sufficient, for such opportunities may not have been improved. In *Page vs. Parler*, N. H. Reports, 59,\* the Court well said that it must be shown "at least that they have superior *actual* skill or scientific knowledge, in relation to the question, before their opinions can be competent."

But when fairly acknowledged and respected as an expert in insanity, what, after all, is the *opinion* of the alienist, so objected to? It is a declaration of what he esteems a central fact, appealing to his consciousness for an existence, because of the union of analogies from many minor facts. These can be taken as a whole, and weighed at once by the educated mental grasp of the expert, but can not be apprehended by a mind unfitted to gather and associate the many elements of one truth.

What is the universally accepted fact of the law of gravity but an expression of acquiescence in the scientific opinion of Newton, that only in that manner could the many motions of natural objects be susceptible of explanation?

A shipbuilder may declare that a bolt of a certain size is weak, that a beam of a certain character is unsound, that construction upon such and such lines is faulty, but it is from his knowledge intimate and accurate of the bearing of all such facts, taken together to constitute another and the central one, that he boldly affirms the unseaworthiness of a vessel.

If it be asserted that another builder is of a different opinion, it becomes a question of the weight of their several testimonies, and preponderating experience must govern; but surely, not the crude views of a jury, composed perhaps of men, who may have no knowledge whatever concerning the architecture of a ship.

---

\* Quoted in *Journal of Nervous and Mental Diseases*, July, 1877, p. 478.

But if we have justly portrayed the strength and the profound moral dignity accompanying the careful declaration of an expert, after cautious investigation, where human life and high honorable repute hang in the balance, what language can characterize the rash intruder who plays with such fearful issues without knowledge, or the trafficker in human misery who sells his opinions for gold?

In olden time only the vestals robed in perpetual purity could keep alive the sacred fires, and profanation of their vows was punished by burial alive. What burial of public contempt could be too deep for the man who should prostitute science in the market, and smother her pure light under his greed for pelf. Such a man would be the Benedict Arnold of his profession—such a man, we say it reverently, would be a Judas Iscariot to humanity, selling the blood of her children for thirty pieces of silver.

Is it true that the former honorable record of testimony has been recently darkened by the conduct of men more wicked than the victims whom they judged, bringing unmerited disgrace upon real alienists, and holding up the just claims of medical skill to the scorn of mankind? Difficult as it is to credit such depth of ignominy, we are told by the Managers of the New York State Lunatic Asylum, in a report not many years ago:

It may not be amiss to observe that this matter of the testimony of experts, especially in cases of alleged insanity, has gone to such an extravagance that it has really become of late years a profitable profession to be an expert witness, at the command of any party, and ready for any party, for a sufficient and often an exorbitant fee; thus destroying the real value of the testimony of unbiased experts. Vaunted and venal expertness is usually worthless evidence; and yet such testimony is getting to be in great demand.

We denominate him a criminal who counterfeits the coin of his country, or who adulterates the food of the people. What shall be said of the poisoner of the fountains of justice? The world hangs upon eloquent lips like those of a Curran or a Grattan that denounce the baseness of an informer who testifies against the guilty comrade to save his own unworthy life. But what language can fitly fasten that man in the pillory of universal execration, who has bartered innocent blood over which the law gave him fearful power, at the bidding of jealous envies, and the lust of gold? Such a man, if he exist, must have denied his God in impious atheism, else there were no refuge from remorse save in madness, that dread sanctuary which he has denied his wretched victims!

The case of David Montgomery\* who killed his wife, while suffering from epileptic mania, is alas, yet fresh in your minds, and the admirable review of the expert testimony by Dr. Echeverria, than whom no man stands higher as an authority upon epilepsy in this country.

On that trial a physician called to enlighten and instruct as an expert, asserted that, "it by no means follows that an individual suffering from epilepsy is not as fully responsible for his actions as healthy persons." And again on being questioned he declared "that not many cases of epilepsy are accompanied with insanity or obvious mental deterioration." Yet again he answers that, "according to his experience, fifty per cent develop mental deterioration." Little importance, he said, should be attached to the views of asylum physicians, on the subject of the responsibility of epileptics, because the epileptics in lunatic asylums are at the same time insane.

He makes the surprising assertion that insanity *with* epilepsy, is a very different thing from the insanity



which results *from* epilepsy. Whereas every one knows that epilepsy precedes the insanity, it being exceedingly rarely noted, if ever, that epilepsy is developed after or from the insanity.

This very person gave the evidence upon which Reynolds was executed, although the poor wretch had an epileptic paroxysm on the day of the homicide. Too late was the world horrified at the direct physical evidence of brain degeneration in this cruel case. Yet the supposed expert has handed the helpless accused over to the hangman, at the demand of the populace thirsting for blood.

To stamp with additional infamy, the whole transaction, there was another so-called expert,\* who agreed and consented unto the death of Reynolds upon the gallows as a guilty man, yet who, on being asked when McFarland was tried for the killing of Richardson, to describe a case in which insanity could exist without delusion, replied to the district attorney: "Take the case of Reynolds.† There was no delusion there; the man acted as a mere machine having no consciousness of his act, and when he comes to himself he has no recollection of what he may have done." Why did not the recollection that he had declared the insane epileptic a free agent and delivered him to the hangman, rise within his soul, and drive him from the court-room with shame? But no, alike with his partner in such science, they are now there at the command of the opposite side, and have changed their views of insanity.

But to return to the man who has done so much to debauch the course of justice, the records of the court in the case of Montgomery show contradictions most violent in answering the prosecution, and again the cross-examination by the defense—separated by a sin-

---

\* Dr. Vance.

† JOURNAL OF INSANITY, Vol. XXIV, p. 274.

gle night and an interview with the interested counsel.

He delivered the following dicta, as expressions of scientific truth, the falsity of which has been shown by Echeverria, beyond possibility of contradiction.

That patients committing acts of violence during epileptic mania, have apparently no motive unless it is a false one.

That he has never known a case of an epileptic fit or seizure, where during the continuation of it, the party will be spoken to, will answer, and then relapse into the same condition, and being spoken to again, will answer and relapse again.

That deliberation takes away the idea of an insane act.

In temporary insanity from cerebral disturbance there is no disposition to resist the impulse, the person yields to it and strikes.

When an epileptic has suffered from an attack, the mental disturbance continues frequently several days.

This medley of contradictions prevailed to convict Montgomery. Although evidence was abundantly exhibited that Montgomery had paroxysms of epilepsy throughout the week before the homicide, and according to this expert himself, his delusions were the result of epilepsy, yet the opinion declared was, "the circumstances of the affair are irreconcilable with the theory that the homicide was perpetrated during a paroxysm or an accession of epileptic mania."

"Deliberation takes away the idea of an insane act." This silly and ignorant pomposity, which any alienist would receive with a quiet smile of contempt, was a declaration sealing Montgomery's conviction—for had he not confessed that he stood five minutes over his sleeping wife before he struck her, and then stooped to kiss her.

What then shall be said, when this very expert, with heart of iron and forehead of brass, affirmed when testifying for the defense in the McFarland trial, and on the cross-examination, by the district attorney, that "the insane are very persistent in their revenge.

I have known insane men occupied with the idea of killing their keeper for years, and finally do it." It will be remembered that the point of the application of this view, was that two witnesses had testified that McFarland had waited ten minutes in the *Tribune* office, behind the partition, looking for Richardson to appear, upon which he fired.

The distinguished author from whom we have quoted, well says:

If such assertions are to prevail, if insanity, whether it be of an epileptic, or any other nature, must preclude every attempt at design or premeditation, we may as well reject every other principle equally confirmed by every day's observation of the insane, and by the numerous examples cited in the annals of insanity and medical jurisprudence in this country and abroad.

Again, in order to convict Montgomery, this false expert declares, "when an epileptic has suffered from an attack, the mental disturbance continues, frequently several days."

But that Reynolds might not escape, he had affirmed on that trial the opposite opinion. "The disease (epileptic mania) is of remarkably short duration. There is not a case on record where it has lasted fifteen minutes." So that on the strength of one opinion the latter was actually executed, and upon its opposite, the former was condemned, but by the merciful interposition of the governor his life was spared. I need not remind you that he was placed in an asylum for the insane, and his life has demonstrated the correctness of such competent alienists as Drs. Gray, Cleveland, Ordronaux and others, when they pronounced him insane.

It must be that a man so lost to conscience and honor, as to inflict almost irreparable damage upon the science of medical observation, must have speedily fallen into obscurity—powerless for farther evil. On the contrary,

he publishes books, which are accepted in the medical world by a large and admiring clientage; books in which he walks among cases of rare affections as numerous as the soldiery of an army, and yet diagnoses with unerring certainty as with the magical wand of a Heller or a Wyman. He is the honored member of numerous medical societies, the Magnus Appollo of such as the Neurological Society of the metropolis of this country, and a Professor of Diseases of the Mind, in a most respectable university. He has the great dailies of the country under his command, and has waxed great, until he now appears as the philosopher who is to inaugurate social improvements, the medico-legal jurist, who will readjust criminal law, and relegate insanity from the list of misfortunes to appear in the catalogue of crimes. The alienists who are superintendents of the insane standing in the way of this giant, to whom Christianity itself, with all the pestilent theories of humanity is but a myth, are to be reformed out of existence, and the institutions administered under the new lights of such modern philosophy.

What indeed are the restraints upon moral action, which to other men are sacred, to him who declares that, "whenever there is grey nervous tissue in action, there is mind also," and that, "of the mental faculties, perception and volition are seated in the spinal cord as well as in the cerebral ganglia;"\* who asserts that there are two forces resulting from vitality—mind and animal electricity—who affirms that the brain secretes mind as the liver does bile.†

Dr. Parsons has happily replied that the whole question turns upon what is mind. True, indeed, if the

---

\* "The Brain not the Sole Organ of the Mind." Hammond in *Journal of Mental Diseases*, January, '76, p. 10.

† Spiritualism and Allied Cases, &c., of Nervous Derangement, Hammond.



motions of a decapitated frog prove the existence of mind in his backbone, why not allow its possession to all animated nature, to the amœba that feeds itself, to the endosmotic action in the life of plants? Why stop with the grey matter only, in man? Why draw lines between mind and matter at all?

How shallow is such latter day philosophy after all, when confronted with the facts of consciousness and the great phenomena of the world's history.

Strange that a man who contemptuously rejects the fact of any miraculous occurrence in the history of religion, and to whom, therefore, the Scriptures are a fable; who says that "science is truth," "religion" but faith in the truth, and, therefore, beneath the eternal verity of science, and who arrogantly denominates the belief which would give to the mind an existence independent of the nervous system, a "mere metaphysical and theological dogma;" strange, we say, that of all men, he has the presumption to teach reforms in the reconstruction of the criminal law, to secure safety to the morals of society, which his own doctrines would reduce to theological dreams. For if mind and bile are congeners, and man's spirituality is a fiction, what is morality after all?

Yet this man has a code, so rigid, that scarcely may it be said that he would suffer a maniac to live. In his "Insanity in its Relation to Crime," he compares the insane man who has committed homicide to the wild beast, and the mad dog. The idea of justice in human law, is utterly ignored. He says: "What society requires is protection, and it has no more business as such with abstract justice, than it has with any other bit of philosophy."

The safety of society is the only thing, he argues, to be considered in the formation of the law, or in the

punishment of the offender. He demands the punishment of the insane homicide, and cites as parallel cases the operation of the law of attainder, and the penalties inflicted for ignorant violation of law, seemingly unaware that the first is regarded as a hateful relic of the dark ages now obsolete, and the ignorant man might have informed himself, but that the insane is bound in pathological fetters, and is the helpless prisoner of misfortune. Such is his language:

Looking at the matter therefore, from a similar point of view, no valid argument can be adduced against the punishment of the insane, even though they be morally irresponsible for their acts, by reason of delirium, dementia, morbid impulse, emotional insanity, or any other form of mental aberration."

To such wild assumptions, may we answer in the clear, cold, but just and logical expression of Balfour Browne, of the English bar:

The doctrine of all true educational or reformatory punishment is to punish as long as the individual and class to which he belongs, and on whom the example will operate most powerfully as a deterrent, have capacity sufficient directly to concatenate the suffering with the offense, and to understand how they may avoid the commission of a like crime. Any infliction of punishment under circumstances other than those just alluded to, is not only inefficacious, but tends to diminish the aggregate happiness of mankind, and is to that extent a breach of the trust reposed in the government of the country.

But the pretended expert and philosopher says:

The individual who has sufficient intelligence to know that pointing a loaded pistol at a human being, cocking it and pulling the trigger, are acts which will cause the death of the person, against whom they are directed, should be subjected to the same punishment for a homicide as would be awarded for a like offense committed by a sane person.

Indeed! Does he think so as a philosopher pure and simple, so that like justice it is too abstract to be

applied to the law, or does he think so practically, as an expert? Then what motive could have annihilated such opinion and even stimulated his zeal to bring ophthalmoscopes and dynamographs like Chinese artillery to bear upon the jury, that McFarland might be set free, even though he could "cock a pistol," and what inducement could have made him alike forswear his cherished opinion, to break the bonds of Gen. Cole, although he too, "could pull a trigger," both "with a full knowledge of the consequences of the act."

It may be that an apology is due to my brethren for asking their consideration of a *Bombastes Furioso* of false experts. But in truth, he is the type of a reckless class of men who are attempting to control the medical and even the secular press of the country, and to poison the public mind until they shall have worked upon popular ignorance and passion, as they hope, to the destruction of the present system of providing for the insane in the United States. As individuals they are insignificant, but wild and unreasoning waves of feeling sometimes arise in this country, and sweep with the velocity of our own prairie fires. How have we seen juries first acquitting, then convicting all supposed criminals under such daily goadings from the press. In fact, the natural conservatism of widely differing and separated masses of men throughout a great territory like ours, as an important factor in the social problem, has almost disappeared under the rapid spread of consentaneous sentiment, by modern modes of publication, aided by the telegraph.

These modern Spartans who would sacrifice the weaker members of society, and consign the insane to the fate of the wild beasts, just as the deformed child was flung from Laconian cliffs, are not without the cunning so admired as a virtue by their ancient prototypes.



First would they destroy, in order to rebuild. If such delusions can be made to possess medical men, in the center of intelligence and refinement, what may not a Titus Oates accomplish as he fills the credulous ear of the mob with his imaginations and inventions?

Has he not entered the Capital, whence he was once driven with the brand of ignominy after having occupied the highest medical seat of honor in the gift of the country, but occupied, as his superior declared, only to listen to base music rather than the groans and dying complaints of his thousands of countrymen in the agonies of mortal strife? Has he not cajoled even Congress to strive to wipe away that stain, when a new generation has forgotten the wrongs of the old? Does not this great moral reformer, without a belief in a Divine Master and a system of Christian morals, this judge of men's actions, to whom their conduct after all has no more of guiding spiritual motive, than the contortions of a frog, hold a magic ring, whereby the great magician of the New York *Herald* becomes his obedient henchman? Not the least extraordinary indeed of the powers of this Cardiff Giant is his ability to hoax a great metropolitan educative power like the *Herald*. What sublimity of audacity to dictate an editorial like that of the 23d March last:

Thus within a short period a measure of personal restraint has been introduced which equals in horror anything used in asylums before Pinel and Conolly undertook their reformation, and in which a wild beast could not be humanely confined. This is a crib, made after the pattern of a child's crib, but with a barred lid to it.

We have farther a harrowing description of this newly invented engine of torture, with a declaration that restraint is not allowed in Great Britain at all, and that there the asylum superintendent who should put one of his patients into a crib would lose his position in twenty-

four hours, if he did not incur more severe punishment, and closing with the exclamation :

Let the asylums be investigated. If they are in good condition and well managed, so much the better for those who control them. If they are as bad as they are said to be, the sooner the public knows the fact, the sooner the proper remedy can be applied.

Will it be believed that so complete has been this hoax upon the *Herald*, that it is seemingly unaware that the crib-bed or protection-bed was really introduced thirty-three years ago by the humane Aubanel of Marseilles, and that at this day its great value in certain cases is recognized by its use, even in the most extreme non-restraint asylums in Scotland ! How does it happen that the Cagliostro of to-day, even with his wondrous armory of drugs and stage properties, has so lulled the hundred eyes of the metropolitan Argus to unconscious slumber ?

But there is a side of this question of the existence of false experts, who impose upon the courts and the public mind their *presumption* for learning and their *ignorance* for discovery, which is too solemn for ridicule, too momentous for trifling or jest. It is not that as we remember the victims already buried, that we see Draco reappear, with swift condemnation upon his lips, it is not that the scales of justice drip with blood from hands already dyed in gore, but that behind the black robe of the semi-judicial expert, may be heard a sound, more fearful than the groans of suffering humanity, more ominous than the click of loaded arms, a sound that chills the marrow as with the breathing of a fabled vampire, it is the clink of money under the girdle. Now at last we shudder as we recognize that the false expert is no man at all, but a moral monster, whose baleful eyes glare with delusive light ; whose bowels are but bags of gold, to feed which, spider-like, he casts his loathsome arms about a helpless prey.

It can scarcely be needful to say, that the more investigation, and the more information for the people, the better will be the final result to the institutions for the insane. Let there be light freely radiated. Dr. Kirkbride has well urged that the study of insanity by physicians be encouraged, and its more thorough exposition in our medical colleges. But it is at least absurd that a captain who has sailed his vessel over many stormy seas, should know less of navigation than the junk-dealer who cuts up the hulk in port. It is not outside the ranks of those who have given their lives to the practical care and cure of insane men, that science will find her guides, and the law, that does not exclude equity from justice, her most honest and faithful co-laborer.

The declaration of the committee of able men,\* appointed by the legislature of Massachusetts to examine into the condition of the insane, in 1863, is only verified by length of experience:

The interior management of hospitals, and the treatment of the insane can not be regulated by law. It would be as absurd and futile to attempt by statute, to regulate and control the minute and subtle details of mental hygiene and therapeutics in our hospitals, as it would be to legislate how physicians should treat fever, or how or when a surgeon should amputate in a case of gangrene; or even to place on the statute book laws, with penalties, for guiding the practice of a shipmaster when in peril of shipwreck, with hundreds of alarmed passengers dependent for safety on his free will, cool head, and skillful hand. The entire management and treatment of the insane must be confided to the humanity and skill of the superintendent.

The profession of medicine can not prostrate itself to the procrustean bed of ancient legal prejudice, and as fast as truth is developed and acknowledged, so should the people be taught, until the statutes shall reflect the humanity and justice alike of a Christian nation.

---

\* JOURNAL OF INSANITY, Vol. XXI, p. 263.

## SUICIDE.\*

---

BY JOHN P. GRAY, M. D., LL. D.,

Professor of Psychological Medicine and Jurisprudence ;  
Superintendent of the New York State Lunatic Asylum, Utica.

---

The question of suicide, gentlemen, while of great interest to all men, has many points of special interest to the medical profession. If it was a rare thing it might not be worth while to occupy your time discussing it, but in fact it is very prevalent. On my way to lecture this morning I cut from the newspaper this slip, an entire column, headed "Gone from home or life; flight from real or imaginary ills." And this is the record, in this city, of one day: five suicides, three of them manifestly insane people wandering about at will, and two not insane. Those insane were, or ought to have been, under the care of some physician or responsible person, for even this newspaper gives a history of disordered health and mental depression in all of them. But it all goes in as *news* followed by no comments. Five murders would have startled this great city to its center, but these five self-murders do not make even a ripple on the social surface. This goes to show that suicide is of such common occurrence as not to attract attention beyond that given to an ordinary accident, or that it is accepted, after all, as a justifiable mode of getting out of the world. It might seem that this subject was rather one of morals than medicine. It is certainly within psychological study. Suicide has such an important relation to insanity, that I have thought it advisable to treat it as special topic. Physicians are called upon to meet the question of suicide, in all its

---

\* Lectures delivered at Bellevue Hospital Medical College, March, 1878.



phases, in their professional duties. The history of suicide is illuminated with distinguished names from the earliest record of mankind to the present day. Men illustrious as philosophers, statesmen, warriors, poets, theologians, physicians, have gone into eternity by their own hands, side by side with the meanest and most despicable men and with those from the lowest grade of social life.

Marc Antony committed suicide because he believed that Cleopatra had proven false to him and had betrayed him. In the lowest dens of this city some wretched rag-picker living in squalor and filth commits suicide because his love is unrequited, or his mistress has preferred some one else to him. The same motive which influenced the one, rules in the rude heart of the other. Marc Antony is merely the type of the hero of romance. He leaves Octavia, his wife, for the beautiful, voluptuous and dissolute Queen of Egypt; first becomes her slave, then her paramour, then her hero. Cleopatra had allured him by the fame of her charms, and had already given birth to a child from her illegitimate relations with Julius Cæsar. When she heard of Antony's defeat, she sent to have him informed that she was dead, probably as a test of his devotion. At this he fatally wounded himself, when another messenger came to take him to her chamber. He revived sufficiently to reach her, and was drawn up by a cord into her chamber, through the window. She there laid him on a couch and in agony saw him die. Having buried him, and covered his tomb with flowers, she then attired herself in gorgeous dress and followed him in self-destruction, leaving this pathetic record, "hide me, hide me with thee in the grave; for life since *thou* hast left it, has been misery to me." This class ornaments the page of history, the other sinks speedily into ob-



livion. But the lives of each, alike, belong to society, and the distinction is only that which position gives.

I would recall to your minds the tragic death of two persons—murder and suicide—whose bodies lay in the morgue a few days ago—a history of passion and jealousy. You will remember this man\* went into business in Chicago, fell in with the wife of a cattle dealer, seduced her, and brought her to this city, with two of her children, toiled and struggled to support her, and finally, believing she was cooling in her ardor for him and listening to others, he killed her, and then himself. A man of sixty and a woman over forty! I saw them lie there, side by side, only a few hours after the tragedy. No insanity there, only crime. As I remarked to you in regard to a case, in a former lecture, it was fortunate that the suicide was accomplished fully. An unsuccessful attempt would, in all probability, have transferred this case from the coroner to the criminal calendar, with a background of insanity as a defense for the homicide. And as the woman was cut and hacked, in the most brutal manner, and then shot, the atrocity of the deed, with attempted suicide, would have afforded a certain class of experts the evidence.

Among the ancients suicide was not only common, but, in fact, formed part of a code of honor and religion. It was deemed justifiable in a king, a statesman, a soldier, an orator, a poet, to have some faithful servant slay him, or to slay or poison himself, rather than fall into the hands of an enemy. History is full of illustrations. Nicoles, King of Paphos, with his wife and daughter, committed suicide rather than submit to his enemy, King Ptolemy; Cato killed himself, and gave as a reason that he would not live to grace the triumph of Cæsar. Hannibal, Cassius, Brutus are illustrious sui-

---

\* Case of Johnson.

cides among soldiers; Demosthenes and Isocrates among orators; Lucan and Empedocles among poets; Seneca says, "Does life please you? live on; does it not? go from whence you came." Epictetus says, "If you like not life you may leave it, the door is open, get you gone! But a little smoke ought not to frighten you away; it should be endured, and will thereby be often surmounted." So powerful was the example thus set by eminent men that suicide was accepted as a national custom. The Roman laws allowed suicide and in portions of the Empire the magistrates had the power to grant the permission or refuse the exercise of the act. A man was justified in killing himself "either through weariness of life, impatience, under pain or ill-health, for a load of private debt, or for any other reason not affecting the State or public treasury." This was the Roman law under the Emperor Antonine:

If your father or your brother, not being accused of any crime, kill himself, either to escape from grief, or through weariness of life, or through despair, or through mental derangement, his will shall be valid; or if he die intestate, his heirs shall succeed—Voltaire's *Phil. Dic.*, Vol. II, p. 104.

These views were the offspring of the philosophical teachings of the times. Suicide was a cardinal virtue among the stoics, and Zeno, the founder, hanged himself at ninety-eight, after falling down and putting a finger out of joint. The Epicureans maintained the same view and commended suicide. Many of the eminent writers among the ancients, advocated suicide. Pliny, the elder, speaks of it as the greatest indulgence which God has given to man, amid the severe ills of life. The younger Pliny held different views. In commenting on the suicide of a friend he characterized it as "a kind of death which neither proceeds from Nature nor from Fate." Plato, in his *Phædrus*, makes Socrates say

that suicide is not lawful, "that the Gods take care of us, and that we men are one of their possessions. Perhaps then, in this point of view, it is not unreasonable to assert, that a man ought not to kill himself before the Deity lays him under the necessity of doing so, such as that now laid on me." We shudder at the Japanese ordering a man to slay himself, but we contemplate the compulsory suicide of Socrates with philosophic calmness, because we have learned to look upon him as acquiescing under his belief in a divine power. But notwithstanding adverse opinions among some of the best men, the great mass of the wise and the ignorant accepted other teachings, and suicide was surrounded with a sort of halo. Cicero, perhaps, has thrown as much interest and halo around suicide, in his philosophical discussions, as any of the writers who themselves advocated it. Though at all ages of the world there have been eminent men to commend it among writers and thinkers, and even teachers in morals have deemed it justifiable. There has always been, however, in man's nature, a revolt against self-destruction, and one can not avoid the thought that at no time have men really sought and desired death, as better than life, except as an escape from real or imaginary evils. Even among the ancients suicide was only an expedient which they sought to make justifiable by the most sophistical and specious reasoning.

In modern times the views of the ancients have been commended by such writers as Hume, Montesquieu, Rousseau, Montaigne and Gibbon. Madame de Staël wrote favorably of suicide in her work on the Passions, but in her subsequent work "*Reflections on Suicide*," she quite recanted her views. When Buonaparte in his darkest hours was questioned on this subject, he said:

No, no; I have not enough of the Roman in me to destroy myself. \* \* \* Suicide is a crime the most revolting to my feelings; nor does any reason present itself to my understanding by which it can be justified. It certainly originates in that species of fear which we denominate cowardice; for what claim can that man have to courage who trembles at the frowns of fortune? True heroism consists in becoming superior to the ills of life, in whatever shape they may challenge him to the combat.—(Warner's Letters.)

Though the teachings of later times are against suicide yet the number of suicides is very great. If a man becomes accustomed to think of suicide as justifiable, he will be far more likely to resort to it under changes of fortune, or under domestic difficulties, or disappointments of any kind, than one would who had different mental training, and who questioned the morality of suicide; and he who *believed* suicide a violation of nature and a moral wrong, would be still less likely to resort to it in trouble. All history shows, as the study of psychology does, that education, in its broad sense, has the greatest influence in determining, not only the character and scope of ideas of a people, but largely the practice of men's lives as manifested in their acts. If custom and education have had a powerful influence in the past, they have now. If from youth we are accustomed to read of suicide, in the daily news, as I have already pointed out, and we thus grow up accounting it among the ordinary facts of life, we shall have little horror of such a death, morally or physically.

I recall the case of a boy thirteen years old, where mental strain, anxiety and loss of sleep, led to an attempt at suicide. His father died leaving the family in poor circumstances, and the mother impressed this boy with the sentiment that she would look to him for support. He was employed by a barber to keep his rooms in good condition, for a small sum, and his



mother, with a view of stimulating him to industry and economy encouraged the sentiment of her sole dependence on him. He then undertook selling newspapers early in the morning as an additional work. He at length got nervous, unhappy and disheartened, and purchased a pistol and attempted to blow out his brains. The ball tore the scalp from the forehead, but did not otherwise injure him. Two things brought him to this—first, the injudicious pressure of the idea of duty by his mother; secondly, he at this time read of a suicide by shooting in the head. In this case there was depression, but it did not reach a condition of delusion or even a delusive state of mind. There was no condition of mental clouding, as he deliberately purchased the pistol and arranged his duties, and, as he said to me, made up his mind he could not do what was required of him, and that he would rather kill himself than be constantly talked to. He had not taken into consideration the moral question, and was quite startled when I told him it was wicked. He said the papers did not say so about Mr. —— (a respectable citizen who had killed himself a few days before). Now, gentlemen, on the morality of this act, the boy had not reflected, and the newspaper had not condemned it. So there are things in daily life which we do not reflect on when familiar with them. The custom of the times in regard to business affairs, in moral aspects, may illustrate this. What is considered honest and what dishonest? What transactions of a doubtful character are finally determined through expediency! If success crown the effort how little the unfavorable influence on the general and social estimate of character. Still, gentlemen, you may rely upon it that he who holds strictly to the moral side, who feels and understands that he is responsible for his own acts, is a



stronger man in the hour of success, as well as trouble. As medical men, always working in your profession, in the midst of the ills of life, teachers as well as doctors, if you carry with you the highest sense of responsibility, you may depend upon it, you will be all the more trusted by all classes of men.

The teachings of Rousseau must have exerted an evil influence on the French mind in regard to suicide. "To seek one's own good and avoid one's own harm, in that which hurts not another, is the law of Nature," was the sophism which Rousseau applied to suicide. This proposition leaves out all morality and responsibility, and reduces the question of continuing life to what the individual may deem expediency and comfort. If we could conceive a man so situated as to be isolated from all relations with his fellow-men, so as to affect no one by his acts, either in their example or consequences, and then we should admit that man was morally the arbiter of his own life, to do with it as he should choose, then the proposition of Rousseau might apply to such an individual. Even Voltaire, whom many would not consider as a representative advocate of the higher responsibility of acts, in speaking of the suicide of Cato, characterizes the act as one "surmounting the most powerful instinct of nature." I have conversed with many persons, both sane and insane, who have attempted suicide, and with few exceptions, I have found that after the moral question was decided, the question of responsibility to a future, for the act, the prudential reasons of family, relations of business with other men, character, &c., were easily disposed of.

As kindred to the influence of education on the subject of suicide, the idea of heredity of suicide has undoubtedly great power. It is not clear to my mind how the doctrine of heredity can possibly apply to sui-

cide of sane people, any more than to homicide, or theft, or gambling or burglary. I can see how a son might come to think that what his father thought or did, or what his grandfather did, was justifiable in him and that he should thus drift without much reflection into the same habits or mode of thinking; but I am unable to see how the parent could impress upon the organization of the offspring a mental bias favoring self-destruction. I can readily conceive how a legendary history of suicide, in any given family, may lead its members to think that they may be subject to the same thing. I have received many letters of inquiry from persons, especially from young men and women about to contract marriage or from their friends, stating that the father or some other member of the family had committed suicide, and asking whether they would be liable to do the same. I have frequently been consulted personally upon the same point. I recall the case of a well educated business man of competence, who consulted me on this subject of hereditary stress of suicide. He afterward came to the Asylum, accompanied by his wife, to talk the matter over, and I discovered there was nothing in his case to justify his thoughts of suicide, but the fact that he was approaching the age when his father and two older brothers had killed themselves, and that he was living in dread of this misfortune overtaking him. I never saw any man more thoroughly impressed with the idea of fate than he was upon this point. He subsequently came to the Institution and remained, as a patient, over the period, and never afterward thought of suicide. It is not at all unusual to hear the expression that suicide has been quite frequent in such and such families, undoubtedly largely dependent upon the idea of heredity.

Imitation, if that term may be used to characterize the influence which the publication of suicides, in

their mode and circumstances, in the newspapers, has also a great influence in inducing suicide, under the common ills and temporary adversities of life. The fact that suicide has been resorted to by A and B, induces C to the same act under similar circumstances. Man not only thus imitates or follows his fellow-man, but justifies, to himself, his conduct by that of others, even though he might not really justify the same act at the bar of conscience. The drunkard does this, the thief also; all manner of iniquitous schemes are plotted because of precedent for such things. The famous order of Napoleon, which served to arrest suicide among the military, shows the power of opinion over men.

The grenadier Groblin has committed suicide from a disappointment in love. He was in other respects a worthy man. This is the second event of the kind that has happened in this corps within a month. The First Consul directs that it shall be notified in the order of the day of the guard, that a soldier ought to know how to overcome the grief and melancholy of his passions; that there is as much true courage in bearing mental affliction manfully, as in remaining unmoved under the fire of a battery. To abandon one's self to grief without resisting, and to kill one's self in order to escape from it, is like abandoning the field of battle before being conquered.—Napoleon.

You will be asked, "Doctor, what do you think of suicide?" Upon your answer may often hang the life of the questioner. I have been asked this by persons who had at the moment the intent of suicide. Gentlemen, give no doubtful answer. It is said of Creech, the commentator on Lucretius, that he left on his manuscript: "N. B.—Must hang myself when I have finished," and he did, that he might enjoy the same kind of death as his illustrious master. Voltaire, facetiously remarks: "If he had undertaken a commentary upon Ovid he would have lived longer."

I recall the case of a young lady in Utica, who, some years ago, came to the Asylum one morning about four o'clock and asked the watchman to wake me, as it was important to see me immediately. I saw her; her clothes were wet and draggled, and I asked her at once, "Where have you been?" She instantly replied, "In the canal to drown myself." She had been out of health and depressed for some time, and finally determined that she would be better out of the way, and, after a great mental struggle, she left the house, in a cold fall night, went to the canal and jumped in. She said the shock of the water, to use her own words, "brought me to think, and I got out and made up my mind that I would at once come and see you and find out whether I was only wicked or, perhaps, insane, and here I am." She had the self condemnatory delusions of religious melancholia. Though an excellent Christian girl, she accused herself of all manner of delinquencies in duty, faith, &c., and declared that *her* sins were unpardonable. She passed through an attack of melancholia and recovered. Had she not been educated to look upon suicide as a crime against Nature and her Creator, she would not have had a mental struggle, would not have got out of the canal or sought advice to find out the source of her suicidal thoughts. I could bring before you, gentlemen, a great many illustrative cases if there were time and necessity.

The mental state suggestive of suicide is a very important one for the physician to consider and study. Outside of the line of well marked insanity, the passions are mainly at the bottom of suicide, and to the medical man the passions are only a part of man's mental constitution. You will often be perplexed in deciding whether a case of suicide be one of sanity or insanity. You will be called in cases of sudden death or of un-



known means of death, and your opinion on this matter will be asked under oath. Or, what is not at all uncommon, a man will commit suicide who has an insurance policy, and you may be called to testify whether or not the act is one of insanity. I recall the case of a boat-captain, who, for many years, laid up his small earnings in life insurance. When about sixty years of age, his health failed somewhat. He began to suffer from indigestion, more or less depression of spirits, nervousness and apprehensions about his boat and duties which he discharged well. He finally said to his employers that he did not feel as though he could continue the charge, and though they knew he was more or less out of health and depressed in spirits, it did not occur to them that there was any serious mental disturbance. One morning, with his little daughter in the room, he was up early dressing to get to his boat, and when partly dressed took a pistol and deliberately shot himself in the head, leaving no record or word. Here the payment of insurance was contested on the ground of deliberate self-destruction, but the history of the case disclosed, step by step, the invasion of bodily disease and coincident and dependent mental disturbance—in the end the development of a melancholia and after long delay the claim was paid. But many of the insurance companies now put in a clause of non-payment in case of suicide whether *sane or insane*. This is an important question: Can a lunatic commit suicide? Strictly speaking he can not. But without discussion of this point, this clause will not avoid inquiring into cases of sudden death, and where circumstances may point to both suicide and accidental death. Accidental death from handling firearms, by drowning, by poison, &c., are sufficiently frequent, and in many cases the circumstances are such as to create a reasonable doubt whether the



death may not be accounted for by either accident or suicide.

NOTE.—I have recently had my attention called to a newspaper account of a Frenchman, who, about failing in business, made provision for his family in large life insurance investments and then visited Switzerland and in the Alps, with a guide, he went over a precipice, either fell or threw himself, and was killed. The insurance had to be paid, as it was impossible to prove suicide.

Whether or not the clause in the insurance policies is sound in principle or not, it stands on the same ground to us, as medical men, with territorial prohibition. You make a contract which forbids you to go, without permission of the Insurance Company, into territory where certain fatal diseases prevail. If you disregard this part of the contract and die, the contract is void. Still you may have any of these diseases and die of them within certain territory and the insurance will be paid. You can not bind yourself against the common disease insanity; you may have insanity and die of it, but sane or insane you must not commit suicide. The assumption is that suicide is not a necessity growing out of the disease, but is so largely preventable by proper care that the friends of the insured are bound to use all diligence to secure against it. The statistics of treatment in the Asylum, on this point, go to justify the reasonableness of this view.\* Otherwise the clause could hardly be sustained—for the act, in an insane man, is one of irresponsibility which he himself may not unaided, be able

---

\* In the examination of Commissioner Wilkes (Report of Dalrymple Committee), in the answer to question No. 748, he said: "From a report which I obtained from the Register General, which is at present not published, it seems that during the year 1865, there was about sixteen hundred patients in England alone, who committed suicide; probably not all, but the great majority of them were insane, and they committed suicide for the want of proper care." Lord Shaftesbury being subsequently examined, said in regard to this statement: "Now when I come to look into that statement by Mr. Wilkes, I find that these sixteen hundred suicides were committed by

to avoid. The self-killing, under such circumstances, could hardly be construed as a fraudulent intent to reap any undue or improper advantage from the contract or to disregard his obligations to the other party.

I must here say to you, gentlemen, that one of the symptoms almost universally present in melancholia is suicidal suggestion. In certain cases suggestions seem to have their foundation in such controlling delusions that they are quite beyond the power of resistance; the delusion being that suicide is a direct command of God, and, therefore, an imperative duty. But even in ordinary cases there is danger from the first and all through melancholia, and the responsibility will rest upon you to advise, and you want to keep this in mind. Suppose in a case where there is insurance you are called after an attempt at suicide by poisoning, or by shooting, or by hanging, and the patient does not die immediately, but never fully rallies and subsequently and soon after dies of inflammation or from the secondary effects of wounds, have you a case of suicide? Suppose the patient gradually starves to death under delusions of poisoned food or that it is sinful to eat, have you a case of suicide? Is such a death from disease? I bring these points to your attention, for they may some time need your personal thought.

There is another important point I would draw your attention to in this connection. That is, the connection of your own treatment of cases of attempted suicide as a medico-legal question; what effect the probing of

---

persons at large, while the number of suicides committed by persons under care and confinement amounted only to twenty-one, and they were classified as follows: county and borough asylums, 11; hospitals, 3; metropolitan and licensed house, 1; provincial licensed houses, 4. But the whole number of suicidal patients under confinement at present in the various asylums is 6,096. That return shows that unless they were under care and treatment they would in all probability, or the greater proportion of them have indulged their propensity, and would have committed suicide."

wounds or the administration of remedies may have. I was called in consultation, three years ago, where a man shot himself in the head. He had a series of convulsions and then passed into a sleep and from this came out fully conscious. We did not probe the wound, being quite satisfied that we could do no good and might do injury. He fully recovered and has been entirely well since. In the case of Fisk who was shot by Stokes in the Grand Central Hotel, in this city, the surgical manipulations and medical remedies were arraigned as casting doubt upon the immediate cause of death. In a recent murder trial in Auburn the medical attendant was censured, to say the least, for his treatment of the case after the injury which resulted in death. I do not intend to convey the idea, gentlemen, that in these cases there were substantial grounds for censure. I only mention them to illustrate the point and to impress upon you the importance of the greatest caution and discretion in all such cases. Because no matter how they happen to be brought into courts, whether under criminal law or for damages or on questions of insurance, physicians bear the real responsibility. To you, as men, the importance or non-importance of discriminating against this particular symptom of insanity, in insurance, may be of little moment, but as medical practitioners you have grave responsibilities. First, you have to answer whether the person attempting or committing suicide was insane—then the questions already indicated in diagnosing suicide from accidental death, &c. Not long since I was consulted in a case where a man attempted suicide by cutting his throat and after loss of blood fainted, then rallied and afterwards made some large business transactions and a will, and died in a few hours, suddenly sinking and passing into coma and death—the suicide and all subsequent transactions com-

ing within a day. Now the history of this case went to show that suicide was deliberate and without mental obscuration. He had given his life largely to excesses in wine and women, had not long before been informed that he was the subject of a progressive and incurable disease, which would close off all of life which he esteemed valuable; therefore, he made up his mind to die. I have said that among the sane suicide was largely a matter of education. This must be taken in connection with the fact that suicide is a violation of nature. Nature revolts at suicide. If it was a mode of death that could be justified in nature, it would not need the eloquent and fallacious reasonings of philosophers and moralists in any age of the world to sustain it. This is such a strong, popular sentiment, that there are many who believe that suicide is always an insane act. Suicide is always an unnatural act, but in the large proportion of cases, if not the majority, it is committed by sane people.

We may ask what is the state of mind in which such an act is committed, and how do ordinary suicides differ from the insane, if differences exists? That the mental state must generally be more or less abnormal in the serious contemplation of suicide, would hardly be disputed. In the emotions and passions we look for the motives and controlling influences of suicide in those who are not insane. Love, pride, remorse, chagrin, disappointments, failures in political ambition, disgust of life, dread of exposures of crimes and frauds, these are the sources from which suicides mainly spring among sane people. It is a notable fact, too, that few criminals commit suicide after conviction and sentence. After trouble is well contemplated, the ardor of emotion cools and reason begins to assert herself. Suicides in the sane are committed either in a calm, deliberate



state of mind in which the individual, having determined on his course of action, from full contemplation of all the consequences, resolves the question as he would any serious matter of business; or, it is committed in a turbulent state of the emotions under conflicting and harrassing fears and apprehensions; or, in a tempest of passion; or, in an overwhelming disgust with the world; or, under the influence of a long and wearing sorrow; or, under the dread of suffering from loathsome or incurable disease; or, finally, as a matter of morbid sentiment.

To judge of the influence and force of the passions in leading to self-destruction, and fix in our minds their power we must not only look at them in excitement and calm, on single occasions, but through the wide scope and activity of the hopes, desires, wishes, fears, &c., of man. We must consider also the relations which we see and feel exist between mind and body, in the daily experience of life. See how hope elevates and energizes, how fear depresses, the bodily condition. Hope quickens the circulation, produces a feeling of warmth and comfort, while fear lowers the temperature and the heart force, induces sweating, excessive action of the kidneys and often nausea and even diarrhœa. Anger will not only induce constipation and jaundice, but, through violent action of the heart and consequent disturbance of the circulation, even convulsions. Under the dominion of depressing passions, disappointments and chagrin, the physical man is in a state of disturbed equilibrium and life is clouded. Now under such conditions suicide is sometimes contemplated and committed. But all this is only, on the physical side, physiological strain, and, on the mental side, only the sweep of passion over the soul. There is no disease and no delusion, and all this is sanity. Among histor-



ical instances where love and jealousy and sorrow have driven to suicide, I have cited Antony and Cleopatra. Othello and Desdemona are also examples. But we need not go to history for such facts are daily about us.

The ideas and practice of the ancient civilization in regard to suicide underwent a great change after the time of Constantine and the prevalence of the Christian religion, which always taught that suicide was one of the degrees of murder. For a long period, even in the history of mediæval Christianity, it was comparatively a rare crime, but with the return of the Pagan ideas of materialism or atheism, it became again more common. In the sixth century ecclesiastical law condemned suicide and denied Christian rites of burial, and after the Reformation this became statute law in England.

It shows what had been the habitual attitude of the popular mind towards death, caused by the prevailing influence of Christianity, when Shakspeare makes Hamlet debate the question of suicide as one of escaping the ills we have by fleeing to others that we know not of.

“To be or not to be, that is the question,  
\* \* The dread of something, after death,  
\* \* Puzzles the will.”

Villeneuve, one of Napoleon's great admirals killed himself under pride, mortification and fear of humiliation. He procured anatomical plates of the chest showing the exact situation of the heart. He then placed the paper chart on his bare chest and passed a pin through the paper heart and into his own, and the suicide was successful.

In January, 1878, a man by the name of Hoppin was tried at Auburn for the murder of the seducer of his sister and acquitted. The man refused to marry the girl after having seduced her under promise of marriage, and

she attempted suicide by taking poison. The letter she wrote after having taken the poison reveals her state of mind, and the contending emotions in such an hour; remorse, shame, justification, hope, affection.

DEAR PARENTS, BROTHERS AND SISTERS :

Forgive me, but I have committed a great crime and care not to live; I haven't spent a happy day or moment for a number of months; I have tried to act natural, but found no pleasure anywhere; there is one person who might have saved me from this; but he thought I was trying to deceive him. He knows why I die; God alone knows what I have suffered; oh, death is the only relief; you are all very dear to me, and it is hard to leave you, but it is best. I once enjoyed religion; oh, that I had continued to serve God, I would not have been where I am now; oh, if I was the girl I was when I went to the Valley; I had always said I would never cause you any trouble; but I have fallen, and am forever ruined. I hope you will all meet in heaven, I trust you will, but I shall never go there. Think of me as lost; I might have been a christian now. The Bible says, the vilest sinner may return, but it is better that I die than live as I am; you will soon forget and it is better that you should; tears prevent my writing and I bid you

Farewell forever,

LINA.

My young friends will think I have done them great injustice in accepting their invitation, but I knew it was the last time, and I tried to forget the troubled future in so doing.

LINA.

How the love of life and its pleasures mingle with her affections and ideas of suicide! How touching and natural the postscript—she could not resist attending a party, and apologizes on the verge of eternity. Her brother was acquitted and was married in the presence of the jury to a woman who stood by him through imprisonment and trial. To make the tragedy more tragic the physician who had medical charge of the seducer, and against whom the charge was suggested that his imprudent interference hastened death, dropped dead the same day of the acquittal and marriage.

You may also have to decide whether certain cases have been suicide or murder. Some years ago a woman, the wife of a clergyman, was found in bed with her throat cut. The amount of blood was comparatively small and the blood had not spirted much over the bed clothes; a razor was in or near her hand. The husband was indicted and tried for murder. It was argued that suicide could not be thus committed, the woman lying on her back, and that such a wound would have deluged the bed with blood; further, it was asserted that these facts went to show that she had been killed and afterwards her throat cut to make it appear a suicide. The expert who was called by the defense maintained that the cut, while it severed the carotid, also severed the pneumogastric nerve and caused instant death and accounted for the small amount of blood found. This so shook the case that the man was acquitted. I could cite a number of instances where the question has been raised as to whether death was suicide or homicide. The question is one of practical interest to physicians and has a place in medical jurisprudence.

The next point is this—are there differences of an obvious character between suicide of sane and insane? The prominent and essential distinction between a suicide by a sane and an insane person may be easily stated. Delusion is the test and touch-stone in the diagnosis of insanity. Now, this state being present, would determine the character of a suicide. But the person committing the act may not have left a record of his reasons in anything said or written. In such a case the judgment must be formed on the circumstances and history of the individual. A man of means, intelligence and family, became broken in health, and finally blind; after he had secured the opinion of the best men

of the profession and found there was no hope of regaining sight or health, he killed himself. The inference is that this is a deliberate suicide by a sane man. Some time ago I was consulted by a man who had had a slight paralysis. It was followed by loss of sexual desire and power. He consulted me particularly upon the latter, and I gave him the opinion that with return of general vigor this function would return—probably in a few months—as the paralysis had almost disappeared. He subsequently told me that he had fully prepared for suicide by poison in case I should give an unfavorable opinion. Such a suicide would be a sane act. A man who was worth from one hundred to one hundred and fifty thousand dollars had an attack of dyspepsia and became depressed; began to apprehend poverty; asserted that everything was going to ruin; that sooner or later his family would have to go to the poor-house. At the same time he was quite reserved as to whom he communicated these views; gentlemanly and particular in his personal matters, and at times partly conscious that his ideas were delusive; but one day, while passing the window of an engine-house in company with an attendant, he suddenly leaped through the window, put his hat down, and threw his head directly under the revolving crank of an engine, where it was crushed. This man was insane and killed himself under the delusion of approaching poverty.

The dread of poverty and want are frequent causes of suicide both among the sane and insane. There are numerous cases where the poor thus leave the world because they despair of even physical existence for themselves and families. How often such people take poison or hang themselves or throw themselves into rivers, cisterns, docks and canals. The sane, however, who for this cause commit suicide, are mainly those who have seen



better days and have gradually sank into helpless and hopeless poverty. Among the insane who commit suicide from dread of poverty, the great majority are well to do, or rich, but are laboring under the delusion that they have lost everything and are about to be put in a poor-house or prison. Of this class I could give you hundreds of illustrations from experience.

Remorse is also a frequent cause of suicide among sane and insane. Among great historical instances, we have the case of Charles IX, of France, who, though he did not actually commit suicide by violence, underwent mental tortures and bodily privations which secured his death. He is said to have exhibited fiendish gratification at the suffering and magnitude of the massacre of St. Bartholomew, in which he caused the murder of near fifty thousand people. He afterwards was tormented with hallucinations of the shrieks and cries of the slaughtered, and it is recorded that at his own death, blood oozed from his body under his intense agony. The remorse of Cardinal Beaufort at the murder of the Duke of Gloucester, is an illustration of the power of this feeling and what a man may endure and yet not be mad. Harpsfield describes Beaufort's death as terrible: "Must I die? Will not all my riches save me? I could purchase the kingdom if that would save my life? What! is there no bribing of death?" Shakespeare has well presented this historical scene in King Henry VI, 3d Act. The remorse of an insane man over real and imaginary wrongs he has committed, is often a terrible picture of misery. I have seen illustrations of the power of the feeling of remorse in the insane. A man writhing in agony till his clothes and bedding were wet through with sweat; where a man is insane, yet revolving in his mind a real wrong he had committed.



This man made frequent attempts at suicide, but was prevented and he finally recovered.

A man who in early life was of an active, energetic, vigorous mind, and who accumulated quite a fortune. In his business he employed a number of persons and being thrown at one time with the wife of one of his most trusted agents, he seduced her. Shortly after this the agent died, and although there were no current suspicions of any improper relations with this woman, he began to fear that she might disclose this, and injure and destroy his character and family. He himself was unmarried, occupied a high position in society, and was considered a thoroughly honorable man, and the feeling of apprehension and remorse made his life miserable, although he constantly kept an outward show of happiness and contentment. He indirectly contributed to the family of this former agent, putting a son in the way of obtaining an education, helping them. His health finally began to give way under this pressure and mental strain, and he attempted suicide by hanging, but was rescued. I was called in consultation and he disclosed to me this history of the cause of his unhappiness, and stated that he was in a condition of continued remorse, though he had disclosed it to no other person, except a sister. He soon afterward made two ineffectual attempts at hanging, and about this time the woman whom he had seduced died. He then told me he should make no more efforts to kill himself, that the only witness being gone he should now endeavor to atone as far as was possible, by helping the family, and did do everything that a man could in this way of atonement. Now this case had apparently the elements of a true melancholia, but the inner history showed that it was only a remorse and fear of exposure, and that the whole case was within the dominion of natural

feelings, untinged by disease; simply remorse and fear of being discovered and exposed.

Suicide is often spoken of as an impulse. It is said a person is impulsively driven to suicide. Thus we have in books, "suicidal impulse," "suicidal mania," "suicidal insanity;" as though self-destruction was an instinctive feeling, an irresistible desire, bursting into action without cause. Can we conceive of an irresistible power generated in the mind, without reason, without intellect or motive—a blind impulse to a physical act? My experience enables me to verify the declaration of Esquirol, that he had never seen an unequivocal instance of any individual, drawn to the commission of suicide by an irresistible impulse, independently of any secret trouble, real or imaginary. Now this is an important declaration to bear in mind, for it will often be the key to diagnosis in the investigation of cases, especially when there is a disposition on the part of the friends to conceal the real cause of the suicidal feeling, or perhaps, suicidal attempt. Sometimes after an unsuccessful attempt an individual may himself wish to conceal the real cause, and will say, "I do not know what led me to such an act." You can safely say that such an answer is simply evasive. A man may attempt suicide in a frenzy of rage, but such a thing is rare. That under temporary hyperæmia, or the influence of narcotics or drink, a cloud may come over the mind and a person *may* then commit suicide, may be admitted. But in such cases it is not an impulse, but the act is due to a morbid state of system in which the mind is disturbed and delusions or hallucinations developed, or long buried troubles revived. In many persons intoxication stirs up bad blood, and in others seems to reproduce painfully, past acts of an unpleasant character, and then in this condition of feeble resistance they may attempt

suicide. We know too that persons under the poisonous influence of narcotics and alcohol do develop hallucinations and delusions. So too, after long weariness and mental strain a condition of cerebral hyperæmia and blood stasis may result in the development of hallucinations of a painful character and determine suicide. The unfortunate suicide of Hugh Miller, the gifted author of "Foot-prints of the Creator," was probably committed in such a state. The suicide of Lord Castlereagh is another illustration.

NOTE.—Here there was probably an element of superstition, and some writers, Dr. Winslow especially (*Anatomy of Suicide*, page 242), maintain that previous to seeing the apparition in the night, Lord Castlereagh had been so far out of health that the Duke of Wellington had seen the necessity of medical advice in his case, and had a physician sent to him. However this may be, the night that this "Radiant Child" appeared, he continued without sleep and harrassed in mind. De Boismont (*Rational History of Hallucinations*), in his chapter on hallucinations consistent with reason but not corrected by the understanding, page 62, gives this case, and shows that Lord Castlereagh was at the time visiting a friend in one of the old castles of Ireland, and was given a room where "the rich sculptured wainscot, blackened by time; the immense arch of the chimney, looking like the entrance to a sepulchre; the long range of ancestral portraits, with their proud and disdainful looks; the ample draperies, dusty and heavy, which hung before the windows and surrounded the bed, were all well calculated to give a melancholy turn to his thoughts. \* \* \* \* Having dismissed his valet, he went to bed. He had put out his lamp, when he became aware of a ray of light at the head of his bed; convinced that there was no fire in the grate, that the curtains were closed, and that a few minutes previously the room was in total darkness, he supposed that some person had entered. Quickly turning towards the point whence the light proceeded, he saw to his great astonishment the figure of a beautiful child, surrounded with a halo, which stood at some distance from his bed." Subsequently, in talking at breakfast with the master of the house and guests, he stated what he had seen. The host simply observed that that was not extraordinary to those acquainted with the castle and family legends,

and said: "You have seen the radiant boy, be content it is an omen of prosperous fortune, but I would rather that this subject should not again be mentioned." At this time he was Marquis of Londonderry. It is said also that he subsequently saw this apparition in the House of Commons, and the writer adds "*probably* on the day of his suicide he had a similar apparition." He severed his carotid artery and died instantly.

The manifestations of hallucinations under temporary illness and also under mental strain would not be questioned. They are very abundant in history, and by no means rare in the observation of medical men. That they should sometimes be of a character to influence to suicide directly would not be at all singular. Any one interested in the subject will see what an extraordinary variety and character of hallucinations may appear, on looking over the work of De Boismont and similar books. I have myself met with many instances of an attempt at suicide from various hallucinations. One case, where a gentleman had been more or less prominently associated with the authorities in putting down the Know-nothing riot in Philadelphia, and who during that time received many threatening letters, some years afterward, under great mental strain, began to be apprehensive that he might be injured, and this was awakened by the re-discussion of the original subject. He left home and went to Canada. There he was harrassed by hallucinations of hearing; could hear persons singing ribald songs outside his room, and charging their authorship to him, he however, not disclosing any of these hallucinations at the time. His friends followed him and induced him to return. On his way, and while dining at a hotel, and carving at the head of the table, he suddenly sprang from his chair and drew the knife across his throat, and would have succeeded in severing the artères but for the knife catching in the cravat and clothing, and his friends seizing him. He told me afterwards of the hal-



lucinations in Canada, and at the time of the attempt, that the two waiters coming in at the door of the dining-room he mistook for assassins, and heard one of them say "shoot him," and saw the pistol pointed. These never reappeared, though he lived for many years; but I heard him frequently say afterwards that no realities of life were more substantial at the time than those hallucinations.

I have already said that the essential distinction between suicide of sane and insane was a delusional state of mind in the latter; and growing out of this there is a difference in what may be denominated the invasion or development of the intent. I have never seen a case of suicidal attempt, where the person was insane, however mild the type, which was not preceded by more or less disturbance of physical health and mental oscillation. This is sometimes the case in the sane, but is far from being a rule. You will find that in most cases of developing suicide, in insanity, there is not only the disturbance of health and mental oscillation, but the mental condition is a tendency to depression—to a painful mental state. In the majority of such cases the early symptoms are misleading, to one not familiar with them. Therefore, I desire to impress them on your minds. Such persons become reticent, retiring, timid, fearful, apprehensive, self-condemning, morbidly conscientious; they may say they are too much trouble to their friends and family, and especially they may desire to be alone, or at least withdraw from society. This is a characteristic group of mental phenomena which should demand your recognition. From this mental state distinct delusions are soon formed, and they are likely to be of a character to suggest ideas of suicide. In this commencing stage timely advice and caution on the part of the medical man and proper attention to the

physical health may not only avert suicide, but arrest the development of an attack of melancholia.

If a person, without exception as to education or character, manifests a depression which is accompanied with apprehensions and suspicions, however vague and shadowy they may be, he is threatened with melancholia, and this condition of apprehension and suspicion differentiates a coming melancholia from common depression or a fit of the blues.

Now, if with the very earliest manifestation of such depression as I have mentioned, the medical attendant will not only warn the family of the danger of suicide, but also the patient, and will tell them frankly that suicidal thoughts are almost always present, in some degree, in melancholy, as morbid mental symptoms; that the patient or friends must not give moral assent to the justifiableness of suicide, under any circumstances, and thus weaken the resisting power; if such advice is given, the patient will be prepared for the worst and be far more likely to resist delusion and suicide successfully, and the family will be on their guard. If the case does not come under care until fully developed, it will still be all important to impress the patient and the family with the treacherous character of suicidal thoughts, their presence as a symptom of the disease and the moral wrong of suicide. (Case of Miss ——— friends did not suspect suicide until she asked them to take the looking-glass from the room). All this, especially at the earliest stage, may seem like an intrusion on personal and private feelings, but as I look over the field of experience, I can not but think such interference not only justifiable, but a duty which the medical practitioner owes to his patient. This manifestation of disease should in no wise be ignored or trifled with. The medical man should speak of suicide *to* the patient as frankly and

openly as he would of any other mental symptom—no evasion, no disguise. Ask the question, have you thought of suicide? Now, when I tell you that suicidal ideas are present in nearly all cases of melancholia, and that this form of insanity embraces one-fourth of all the insane, you will see the force of this advice. When to this you add the fact that the suicidal thoughts are among the earliest manifestations, as I have said already, that they are present even before the apprehensions and suspicions and general unhappiness which usher in the disease have taken shape in definite delusions. Then, if you bear in mind that these persons first come under the observation of the general practitioner, you will see where the first responsibility rests. I have taken pains to look into the records of the Asylum, to see what proportion of cases of melancholia have attempted suicide in their homes, and largely in the developing stage. When I tell you that in addition to those who have succeeded in suicide, thirty-five per cent. of all melancholics admitted have made unsuccessful attempts, you will further appreciate the magnitude of the subject as well as your responsibility. I will give you the exact figures for five years.

In 1873, 93 cases of melancholia were admitted to the Asylum, and 33 had attempted suicide.

In 1874, 83 cases of melancholia were admitted; 42 had attempted suicide.

In 1875, 108 cases of melancholia were admitted; 29 had attempted suicide.

In 1876, 100 cases of melancholia were admitted; 31 had attempted suicide.

In 1877, 124 cases of melancholia were admitted; 45 had attempted suicide.

The total number of attempts recorded in five years were 180. This tabulation only represents those who

attempted suicide in their homes, and the number of persons, but not the number of attempts. While most of them were brought after the first attempt many had made two, three or more. This number does not include those who threatened or those who contemplated suicide, nor any attempts made by the persons while in the Asylum. The methods tabulated as follows:—Cutting throat, 39; drowning, 36; hanging, 36; opium, 17; choking or strangulation, 11; jumping from heights, 7; shooting, 7; taking arsenic, 5; knocking head against walls, &c., 4; cutting arteries, 2; stabbing, 2; one each from taking aconite, ammonia, belladonna, cyanide of potassium, oxalic acid, strychnia (6), and one each by drinking boiling water, swallowing glass, throwing self under cars, suffocation by gas, setting clothes on fire, pushing broom handle down throat, swallowing pieces of leather and iron, and thrusting darning needle into the abdomen (8): total, 180. During the five years there were 2,106 patients admitted, and a total of 512 cases of melancholia. This gives a percentage of attempts to the whole number admitted of 8.5, and to the cases of melancholia alone, of 35. You perceive in the methods employed, the majority have taken the same means as are employed by the sane—suspension, shooting, stabbing, cutting throat, drowning, opening blood-vessels in various parts of the body, taking poisons, jumping from heights, &c. But some have used extraordinary means—swallowing glass, drinking acid, &c. I have had a case where a man swallowed a large piece of china, another where a man punched the drums of both ears out with his spectacles, hoping thus to get the instrument into his brain. The ingenuity and perseverance of the insane in such matters are often extraordinary.

As to the time suicides are committed, there is no rule to judge between the sanity or insanity of the act.



Most suicides are, however, committed early in the morning or in the early evening. As to deliberation and plan, as you have observed, sane and insane plan out the mode, place and time, and often leave the reasons for the act in writing. The extraordinary methods of the insane are resorted to because the ordinary are not available. The letters of suicides will often enable you to judge of the sanity or insanity of the individual, as they may disclose the motives and delusions. There is one important point of difference between sane and insane suicides. The sane argue from the premises of fact or supposed facts, while in a large proportion of the insane they argue from mental impressions. You will bear in mind that the sane sometimes commit suicide, because of the presence of some loathsome or incurable disease, and sometimes an insane person will kill himself under the *delusion* that he has such disease. The sane kill themselves, however, under such circumstances for their own personal relief; the insane do so from the dread and responsibility of communicating the disease. There is also more intensity of feeling, more desperation and greater breadth of contrivance and plan among the insane. They often resort to the most extraordinary expedients, when baffled in their determination to suicide, especially when they consider it a duty.

In talking with insane persons on suicide, they will maintain their views, justifying themselves under ideas of consciousness. They will say, I know this is true; I feel it to be true; I know it as well as I know anything; I have a sense of God's disfavor as clear as I have a sense of existence; as the idea of being. Consciousness embraces what we see of phenomena as well as what we feel to be. A man under simple delusion will tell you, I think so and so. He is not willing to

accept reason when the delusion is fixed. His delusion rests on the same basis, in his mind, as consciousness of his real identity. If he believes he ought to kill himself he is justified to himself. The moral barrier is passed. Such a case can not be left for a moment with safety. I will give the case of Mrs. L——

NOTE.—Woman, age forty-seven; married; native of New York; no insane relations; patient usually enjoyed good health until about a year before admission, when she lost in flesh and became wakeful, due to overwork; for a year was gloomy and despondent; lost all interest in her household duties; said everything was wrong about her house; became suspicious; said she was to be poisoned; cried and moaned much of the time; talked often of suicide; in attempting it took one ounce of laudanum which she vomited as soon as swallowed; at another time hung herself behind a door in a hoop-skirt; was detached and then closely watched; for some time carried a butcher knife, and at night placed it under her pillow without knowledge of her friends; on admission was melancholy; seemed to realize that she was sick and confessed that she was insane; she slept well the following night and in the morning was cheerful; talked freely of her condition and seemed well satisfied that she had been brought to the Asylum; in the afternoon of the same day spoke of the disgrace of suicide, and said, "but for my husband I would have been dead long ago;" she retired as usual in an associate dormitory the following night, and seemed quite cheerful; at about nine P. M., complained of slight colic, which was soon relieved; at one and three A. M. the following morning, the night watch found her sleeping; at four A. M., she got out of bed and walked a few times up and down the room, waking some of the patients and conversing with them; she then retired and the patients went to sleep; at five A. M., again visited by the night watch, when she found life extinct, but body warm, at once reported to physicians; on examination her hands were bloody, night dress thoroughly saturated with blood; the hair mattress and straw tick contained clotted blood and a pool was under the bed; in the bed was found a small piece of the rim of an earthen vessel, about one by one and a half inches in size, with one very sharp edge; this was covered with blood; on the floor were two other pieces of freshly broken earthenware, which, with the first piece, fitted exactly the broken

space in the chamber under her bed; during all this, none of the patients were awaked; the body was colorless; two cuts were found in the groin, parallel to a line drawn from the anterior superior spinous process of the crest of the ilium, to a point two inches below the symphysis pubis; each was four inches in length, and at the deepest point one and a quarter inches, dividing the femoral artery completely on the left side, and cutting a small opening in the femoral on the right side; on the right side were four small cuts besides the deep one; there were also numerous scratches in the left elbow joint; the husband subsequently stated that he had frequently noticed her reading a school-book on anatomy and physiology.—[I give the case in full instead of synopsis as in the lecture.—J. P. G.]

This woman manifested rare self-control for a long time at home, abstaining from time to time, under promises to her husband, but always maintaining her determination to terminate her life by suicide. Mr. —, who scalded himself in a bath tub and drank scalding water from the faucet, had settled the moral question. Mr. —, who, seeing no other way, seized the cup of the electric battery and attempted to drink sulphuric acid. Mrs. — feigned pleasantness and cheerfulness to get the opportunity of suicide. This threw her husband off his guard and she proposed going out to tea with friends, and did so, but took a razor with her and after tea went into an out-house, in the garden, and cut her throat. She was discovered in time to save her. Mrs. — who went home and killed herself that night, sharpening and concealing a butcher-knife after her arrival home. I might greatly extend this list, but it is unnecessary. These persons had settled the moral question for themselves. The expediency of the act only remained to be determined—whether the ills surrounding them were greater than those they fled to in thus prematurely facing death. These were all well to do in the world—all persons of character—all professing Christians. Not one of them could cite a single act or series

of acts which *they* considered a justification of a wicked life. On the contrary, each said what they had supposed was a life of struggle to do right, they now looked back upon as a life of deception; that they believed themselves good, but were not, and cited their change of belief or consciousness as proof. I said to one man, "Do you not think it mean and cowardly in you to try to sneak away from troubles, whether real or imaginary, and leave them to your family to bear, and leave this sorrow and pain and stigma of your suicide in addition." He seemed startled at this, and I followed it up, saying, "Nothing but a degradation of character which would make you odious and unmentionable would justify your act. Now, from what I can learn, you are an honest, respectable man, and all your present ideas are untrue. You are under the control of delusions, mere false beliefs. You are an insane man." This seemed to break in upon his morbid current of thought and wedge in a doubt, and after his recovery he expressed gratitude for what at first seemed rather a rough handling. But, as I have already urged upon you, this plainness is always best. Leave no doubt on the mind of the patient or the friends as to your opinion.

If you are asked the plain question, "Is an insane man excused," reply without evasion, on the moral side the answer is with God; that the law condemns it, that society must condemn it in order to preserve natural law, and that you, as a medical man, can not assent to the idea of anyone going out of the world by his own hand, that no matter what troubles, what sorrows, what difficulties surround a man, it is a cowardice and crime to try to escape them by suicide.

I need hardly say anything to you of the legal aspects of suicide. The law does not presume insanity from the act of suicide. La Redesdale, in 1 Dow.,



Parl. Cases, 187, was of opinion that insanity was not to be inferred from the mere act of suicide. It was not inferred by law, but must be proven. *King vs. Saloway*, 3 Modern, 100; 1 Hawkins' Pleas of the Crown, 164; Plowden, 261; *Terry vs. Life Ins. Co.*, 2 Bigelow, 31. The law makes a distinction between "suicide" and dying by one's own hand. In the former a felonious intent is implied, and a *felo de se* committed. In the latter the act may be, as in the case of a lunatic, without moral responsibility. A lunatic, therefore, may die by his own hand, but he can not legally commit suicide. In *Dean vs. Mutual Life Ins. Co.*, 4 Allen, 96, it was held that suicide committed by an insane person invalidated a policy of life insurance, because the party knew the nature and intended the result of his act.

The same doctrine, but with a divided Court, was held in England in *Borrodaile vs. Hunter*, 5 Man. and G., 639; in *Clift vs. Schwabe*, 3 Com. B. R., 437; in *Gay vs. Union Life Ins. Co.*, 2 Bigelow, 4; and *Terry vs. Life Ins. Co.*, 2 Bigelow, 31.

*Per contra*, a different conclusion was reached in New York in *Breasted vs. Farmers' Loan and Trust Co.*, 4 Hill, 74, but the Court was divided in opinion.

The law in the State of New York may be considered as settled that, if the party insured, at the time of taking his own life, was conscious of the act he was committing, intended to take his own life, and was capable of understanding the nature and consequences of his act, the insurers are not liable; and if the act was thus committed it is immaterial whether he was capable of understanding its moral aspects, or of distinguishing between right and wrong. (*Van Zandt vs. Mutual Benefit Life Ins. Co.*, 55 N. Y., 169.) However right or wrong this may be, it seems to be the law in the State of New York.

Sir J. Nicholl held that the commission of suicide three days after making a will did not invalidate it. *Burrows vs. Burrows*, 1 Haggard, Ecc. Rep., 109.

A party encouraging another to commit suicide is indictable for murder (*Wharton on Homicide*, 315). Even though it was voluntarily committed it will not excuse the surviving principal. (*Rex vs. Sawyer*, 1 Ross, A & M, 670; *Rex vs. Dyson*, Ross & Py., C. C., 528).

Now, gentlemen, what deductions may we properly make from a review of the whole subject.

1. Suicide is against Nature both in health and disease—is a violation of Nature, and Nature abhors it.

2. Suicide, though always an unnatural act, is, in a large proportion, if not the majority of cases, committed by persons who are entirely sane.

3. That education and custom, being powerful influences in overcoming the instincts of nature, and in inducing to suicide, the wide-spread publication of the names of suicides, the age, the sex, the mode and the reasons, promotes suicide by inducing imitation, and by lessening the horror of the act by familiarity with it.

4. That the teachings of any so-called philosophy and sensationalism which tend to the disregard of the truths of religion lead to suicide, by magnifying the ills of life, and at the same time appealing to the depressing emotions of fear, sorrow, &c., for justification; and by citing the Divine mercy as a quality too forgiving to punish a person who seeks relief from ills they do not feel able to bear; thus breaking down the moral barrier, and compromising the wrong of suicide, and rendering it a mere question of choice and expediency with each individual, whether he will live or die.

5. That suicide is in no true sense an impulse, but in the sane and the insane it is the result of reflection and deliberation of more or less duration, and is an act de-

terminated upon in the mind of the individual, from causes accepted by his judgment as sufficient, whether real or imaginary, a mode of escape from threatened or supposed dishonor, shame, punishment, poverty or suffering, real or imaginary.

6. That suicide by the sane and insane is frequently the result of hasty or wrong interpretation of facts, both in their magnitude and consequences, merely defective reasoning from true premises.

7. That the great and essential distinction between suicide by sane and insane is not in the motive, method, time and place, but in the mental state in which it is committed. The insane man commits suicide under delusions, or a delusional state of mind.

8. That the strongest safeguard against suicide is the sense of man's responsibility to the Creator for all human conduct, including the keeping of our lives. Shakespeare has summed it all when he makes Hamlet debate the question of suicide as one of escaping the ills we have by fleeing to others we know not of. The power that makes men bear "the slings and arrows of outrageous fortune" can not be other than a moral power. If the sense of accountability to the future is gone, no consideration of one's duty to family, to society or self can ever answer the arguments of the suicide. It is, indeed, conscience which makes cowards of us all, but it is also the voice which points us to the higher responsibility for all our acts, and which, if we heed, makes us strong to bear the ills of life.

## PROCEEDINGS OF THE ASSOCIATION OF MEDICAL SUPERINTENDENTS.

---

The Thirty-Second Annual Meeting of the Association was held at Willard's Hotel, Washington, D. C.

The meeting was called to order at 10 1-2 A. M., Tuesday, May 14, 1878, by the President, Dr. C. H. Nichols.

The minutes of the last meeting were read.

The following members were present during the sessions :

R. F. Baldwin, M. D., Western Lunatic Asylum, Staunton, Va.

A. T. Barnes, M. D., Southern Hospital for the Insane, Anna, Ill.

H. Black, M. D., Eastern Lunatic Asylum, Williamsburg, Va.

D. T. Boughton, M. D., State Hospital for the Insane, Mendota, Wis.

R. M. Bucke, M. D., Asylum for the Insane, London, Ontario.

D. R. Burrell, M. D., Brigham Hall, Canandaigua, N. Y.

A. P. Busey, M. D., Assistant Physician, Lunatic Asylum, No. 2, St. Joseph, Mo.

John H. Callender, M. D., Hospital for the Insane, Nashville, Tenn.

T. B. Camden, M. D., Hospital for the Insane, Weston, W. Va.

John B. Chapin, M. D., Willard Asylum for the Insane, Willard, N. Y.

William A. Cheatham, M. D., Nashville, Tenn.

Robert C. Chenault, M. D., Eastern Lunatic Asylum, Lexington, Ky.

W. S. Chipley, M. D., Cincinnati Sanitarium, College Hill, Ohio.

Daniel Clark, M. D., Asylum for the Insane, Toronto, Ontario.

William M. Compton, M. D., Holly Springs, Miss.

J. S. Conrad, M. D., Baltimore, Md.

John Curwen, M. D., Pennsylvania State Lunatic Hospital, Harrisburg, Penn.

Joseph Draper, M. D., Asylum for the Insane, Brattleboro, Vt.

B. D. Eastman, M. D., Lunatic Hospital, Worcester, Mass.

Orpheus Everts, M. D., Hospital for the Insane, Indianapolis, Ind.

C. C. Forbes, M. D., Central Lunatic Asylum, Anchorage, Ky.



W. W. Godding, M. D., Government Hospital for the Insane, Washington, D. C.

John P. Gray, M. D., LL. D., State Lunatic Asylum Utica, N. Y.

Eugene Grissom, M. D., LL. D., Insane Asylum of North Carolina, Raleigh, N. C.

Richard Gundry, M. D., Superintendent-elect, Maryland Hospital, Catonsville, Md.

Charles H. Hughes, M. D., St. Louis, Mo.

Walter Kempster, M. D., Northern Hospital for the Insane, Winnebago, Wis.

Edwin A. Kilbourne, M. D., Northern Hospital for the Insane, Elgin, Ill.

Thomas S. Kirkbride, M. D., Pennsylvania Hospital for the Insane, Philadelphia, Penn.

John Kirby, M. D., Assistant Physician, State Lunatic Asylum, Trenton, N. J.

Walter R. Langdon, M. D., Assistant Physician, Asylum for the Insane, Stockton, Cal.

A. E. Macdonald, M. D., City Asylum for the Insane, Ward's Island, New York.

C. F. Mac Donald, M. D., State Asylum for Insane Criminals, Auburn, N. Y.

D. A. Morse, M. D., Asylum for the Insane, Dayton, Ohio.

Charles H. Nichols, M. D., Bloomingdale Asylum, New York.

George C. Palmer, M. D., Asylum for the Insane, Kalamazoo, Mich.

Isaac Ray, M. D., Philadelphia, Penn.

Albert Reynolds, M. D., Hospital for the Insane, Independence, Iowa.

John W. Sawyer, M. D., Butler Hospital, Providence, R. I.

S. S. Schultz, M. D., State Hospital for the Insane, Danville, Penn.

A. M. Shew, M. D., Connecticut Hospital for the Insane, Middletown, Conn.

T. R. H. Smith, M. D., Lunatic Asylum, No. 1, Fulton, Mo.

Charles W. Stevens, M. D., St. Louis, Mo.

William H. Stokes, M. D., Mount Hope Retreat, Baltimore, Md.

William H. Strew, M. D., City Lunatic Asylum, Blackwell's Island, New York.

J. Strong, M. D., Asylum for the Insane, Cleveland, Ohio.

J. D. Thomson, M. D., Mount Hope Retreat, Baltimore, Md.

Clement A. Walker, M. D., Boston Lunatic Hospital, Boston, Mass.

D. R. Wallace, M. D., Hospital for the Insane, Austin, Texas.

Also, by invitation :

A. E. Elmore, Esq., President of the Board of Charities of Wisconsin.

D. A. Ogden, Esq., Trustee of the Willard Asylum for the Insane, Willard, N. Y.

John T. Richardson, M. D., Commissioner of the State Hospital for the Insane, Indianapolis, Ind.

A. P. Langworthy, M. D., of the Board of Administrators of the Asylum for the Insane of Louisiana.

Letters were read from Drs. Barstow, of Flushing; Catlett, of Missouri; DeWolf, of Halifax; Jelly, of Massachusetts, and Shurtleff, of California, expressing their regret at being unable to attend this meeting of the Association.

Dr. Godding stated that he had received letters from Dr. Earle, of Taunton, Mass., and Dr. Brown, of Barre, Mass., regretting their inability to attend this meeting.

A communication from the Trustees of the Butler Hospital, relative to the meeting of the Association next year in Providence, R. I., was referred to the Committee on the Time and Place of next Meeting.

The President announced the Committee on Business: Drs. Godding, Callender and Curwen.

On motion of Dr. Kirkbride, it was

*Resolved*, That the medical profession of the District of Columbia, of the Army and Navy, and the visitors of the Government Hospital for the Insane, be invited to attend the meeting.

On motion of Dr. Godding, a recess was taken of fifteen minutes; and, on reassembling, the Committee on Business made the following report:

That the Association adjourn at 1 P. M. to-day; meet at 3 P. M., adjourn at 5 P. M.; meet at 8 P. M., and adjourn at 10 P. M.

On Wednesday, meet at 9 1-2 A. M., visit the Government Hospital for the Insane, hold a session there, and return and hold a session at 8 P. M.

On Thursday, meet at 10 A. M. for the reading of papers, pay our respects to the President of the United States at 12 M., and visit Mt. Vernon in the afternoon.

On Friday, meet at 10 A. M. for the reading of papers, adjourn at 1 P. M.; visit the Barnes Hospital and Soldiers' Home in the afternoon, and hold a session at 8 P. M.

On Saturday, meet at 10 A. M. for business, and visit the Corcoran Art Gallery.

Dr. Godding read invitations from different institutions and individuals, which, on motion, were referred to the Committee on Business.

Dr. Gray moved that a committee, consisting of Drs. Kempster, Black and Stevens, be appointed to confer on the propriety of appointing an additional reporter, in order that the proceedings may be prepared for printing at an early day, and that the reporters work alternately.

Dr. A. E. Macdonald offered an amendment that the whole subject of reporting the proceedings of the Association be referred to that committee, which was accepted.

The resolution as amended was adopted.

Dr. Callender moved that the usual verbal reports on the provision for the insane in the different States be dispensed with; and if any member wishes to make a report from any State, he be requested to present it in writing at any period during the meeting.

Dr. Reynolds moved to amend that the reports be made as usual, and that each member be restricted to five minutes, which was not agreed to, and the motion of Dr. Callender was adopted.

Dr. Eastman read the history of a case of "Kleptomania," and the Association, on motion, adjourned.

The Association was called to order at 3 P. M., by the President.

The Secretary read a letter from Dr. Bancroft regretting his inability to attend the meeting.

Dr. Gray moved a reconsideration of the vote relative to reports from the different States, on provision for the insane.

Drs. Chipley and Ray moved that the resolution be laid on the table. Not agreed to.

Dr. Gray moved as additional to his resolution that the discussion be confined to one hour at a time, and that the subject be taken up as the first business tomorrow, and the whole resolution was then agreed to.

The paper of Dr. Eastman was discussed.

DR. W. S. CHIPLEY. Mr. President, I do not wish to enter upon any discussion, but desire to thank the gentleman for the paper as most interesting. I think we owe the Doctor thanks for the paper.

DR. W. W. GODDING. I wish to say a word in regard to this case, having been one of the number who individually suffered at the hands of George S. Fairbanks. I was personally very much gratified that Dr. Eastman had given so full and clear a description of what I consider a typical case of so-called kleptomania, a form of insanity which has been so questionable, especially in our courts of law. This young man came, I believe, first to me when in charge of the Hospital at Taunton, Mass. The too confiding disposition that I manifested may require a little apology before this assembly. I was utterly ignorant of the previous history of the kleptomaniac. The father, whom the Doctor characterized so correctly in his preliminary remarks on the case, came to me, representing that the boy was depressed and a case of melancholia. It is true that he brought with him a gold-headed cane and gloves, which he had taken at the preliminary examination from the table of the clerk of the court. That was satisfactorily explained and they were returned. The young man with his innocent air and gentlemanly bearing, I confess rather won my



affection. I was glad to see he was rapidly growing out of the melancholia that was so marked when he came into my hands. Not to go over what the Doctor has already said, I gradually trusted him. He was a very good writer, and in some instances did a little clerical work and came into my office. I would allow him to bring papers from time to time. After he had pretty free access to my office I found books disappearing from my library in a remarkable manner. At a later visit the father stated to me that his son had taken some things. Our Hospital was surrounded by a stone wall in which he secreted articles, and it became a melancholy duty for me to recover the books taken from the library, the horse-bells from the stable, old shoes, and envelopes that had been written upon, all kinds of articles and trash, sheets from the wards and shirts from the patients. So singular was this combination of useless and valuable things, it seems to me we had a distinguishing feature of kleptomania, that is distinguishing from those where persons steal articles themselves of value.

I do not wish to take up the time of the Association in going over what Dr. Eastman has so well said, but merely to say that Fairbanks had our confidence. I do not think that we were at all to blame that we were imposed upon. It has been suggested, how did it happen that this young man went from one hospital to another? Why was he not detained? Two reasons brought about the result, and one was the boy's urgent appeal to his friends. The father volunteered a foreign voyage and I agreed to it. The second and really the strong reason in my own case, was the fact that I could not go on with him in the Hospital, and have anything left there. I think he is a clear type of kleptomania, and in the main free from other disease. The only doubt that I had was based on the known character of the father, and the tracing back to infancy and early childhood of the boy of this same habit—whether we had to deal with a case of abnormal brain of natural moral deficiency, or whether it originated from the typhoid fever, as said by Dr. Eastman, and was insanity consequent upon disease.

Dr. WALLACE. Did you notice no other feature about him, nothing abnormal about his judgment when first submitted to your care?

Dr. GODDING. I should say that the case was characteristic of exaggeration of ideas, a man above the patients that he associated with—his wealth, his means. His letters were loaded with little wants for which he was wont to write—and he would write half a

dozen a day. I should say it was an exaggeration of the mind, rather than actual delusion.

Dr. GRAY. I do not propose to discuss the case. I am glad to hear the remarks made by the Doctor touching one important point which Dr. Eastman does not seem to have dwelt upon; that is, whether in connection with any of these acts of theft there was, at any time, any delusion of possession. We all know that in many cases of insanity persons have periods in which they believe certain things are their own. Those same persons, at other times, will admit that the articles are not their own, and that they have taken them. In certain states of exaltation, in mania, that is not at all unusual. I can recall cases of chronic mania where persons apparently rational, as rationality goes among the insane, in most matters, who would purloin the cravats, stockings, and various things belonging to their fellow patients, and sometimes actually claim them as their own; and at other times admit to having taken them. The Doctor said, I think, at one point of the case also that he had suffered from vertigo. Putting together his condition of general exaltation, which Dr. Godding suggests when with him, his great self-confidence, and lack of feeling of guilt at doing wrong at any time, and connect these with his bad family history, the question arises whether this is not a case of arrested development, or whether there has been at any time epileptic disease, producing a change in his mental condition, or the cerebral organ itself. Epilepsy does develop this kind of character. Whether if he had been closely questioned at various times, he might not have disclosed certain delusive ideas as the foundation of his thefts, impulses, &c., as set forth, otherwise I should be likely to place him along with other bad boys, badly brought up. Now, while the Doctor was reading, it occurred to me that this would have been just the man for Bill Sikes and Fagan. Talking over *Oliver Twist*, after they had brought him back, Sikes declared that there was no particular good in bringing Oliver back, that they could not make a thief out of him, he was too good; but that other boys seemed to take to it naturally, and that if certain reformatories would be allowed to carry out their plans there would not be, in time, one first-class boy thief in London. Now it struck me if he was not a case of arrested development, and had no epileptic condition altering his physical or mental character early in life, that he was one of the bad boys that took naturally to stealing. I can not help thinking, in looking over the whole history, that if there was careful knowledge of his case in his early child-

hood, and up to and past the period of puberty, that something would be found there to lay the foundation for this character. If he stole useless and useful things, from envelopes, &c., up to a pair of horses, we must acknowledge that he made advancement in stealing. The horses carried him the distance he traveled, and if he had got the money for them, when he offered them for sale, it would also have helped him along. It does not seem that he was indifferent to money, or threw it away on anybody else. I am very glad that the Doctor has given this case as a history of "so-called kleptomania." I do not believe in monomania myself, but that has nothing to do with the case. This man's character and conduct, if he was insane, show him to have been considerable of a liar as well as a thief; and I might include among the extraordinary things in the case, not only the great opportunity that was given him from time to time for stealing; but also that his family and other persons recommended such a man for place and responsibility after he had been engaged in that sort of thing and they knew it.

Dr. KILBOURNE. As might be expected, being one of the principal victims of this gentleman's arts, I have a word or two to say about him.

When casting about upon the opening of the Institution for the Insane, at Elgin, for a suitable person to serve me in the capacity of clerk, I fell upon this George S. Fairbanks, of Massachusetts, who came to me through the agency of the Young Men's Christian Association, of Chicago, bearing the warmest testimonials from clergymen and other parties in the East, of whom I had knowledge in a general way, and I think, one or two others, in whose service he had formerly been. Armed with these papers, and having the natural bearing of a gentleman, conjoined with special fitness for the position, in the way of penmanship and knowledge of book-keeping, as attested by frequent examinations, I felt measurably secure in taking him into the employ of the Institution; he was, therefore, engaged, and soon thereafter set about his labors with a zeal that promised well for the future, keeping his books neatly and accurately, and to my entire satisfaction, in every respect. Some few weeks after assuming his duties I was much annoyed at the loss of various little articles from my office and desk—things of no possible value to others, and not much to me; yet the disappearance of which, I could not explain. It was not long, however, before my suspicions were aroused that there was something wrong in the Institution, whether on the part of Mr. F., or that of

others, I did not know; but almost every mail that came to me brought letters from friends of patients inquiring why it was that my communications to them were post-marked in Boston, and not Elgin; of course, I could offer no explanation, it being as much of a riddle to me as to them. About this time I became still more mystified at the disappearance of letters, opened and unopened, lying upon my desk, and awaiting answer by me; blotting pads, pens and memorandums slipping away in a most unaccountable manner. Then it was not long before I discovered that magazines, pamphlets and books from the library, bundles of old business letters, circulars, port-monnaies, knives and trinkets of various kinds, deposited in a drawer belonging to patients, had been purloined, and I began to set a watch to find out, if possible, who was the culprit, but I must confess that, notwithstanding due diligence was exercised in the matter, I failed to detect him, and not until I had received a letter from his father in Massachusetts, stating to me he had a lot of pamphlets, papers and books in his possession, that had been sent to him by his son, did I apprehend the gentleman, or even feel that I had any certainty as to whom it might be. His father wrote me that he was very much pained to give this information, but felt it to be his duty to impart it, and to state, also, that his son was a kleptomaniac, and would purloin all he could lay his hands on; and that he had sent to him packages from time to time, until an amount sufficient to fill a large dry-goods box had accumulated, and wished to know whether he should send them on to me. I replied that I should like very much to have them returned. His father also stated that from time to time, as he had received the packages of letters, he had taken them from his residence in a suburban town to the city, and then mailed them, which accounted for so many letters having been received by various parties post-marked Boston. While awaiting the arrival of the box I had a conversation with George S. Fairbanks, and one evening I accused him, but he did not even blush. He was perfectly composed, and evinced no emotion whatever. He positively and emphatically denied that he had ever taken anything from my desk, or purloined anything in the Institution. He went to bed that night. I thought I would let him sleep on it, and renew the subject in the morning. But he got up at three or four o'clock in the morning, about early dawn, or about the time the doors were first opened, and departed without any one knowing that he had gone. I went to his room about eight o'clock, found it locked, and supposed he was still asleep; knocked, but met with no response.



A survey of the room from the outside, through the window, disclosed the fact that it was vacant. It seems that he went away on the early train, taking the precaution to leave his keys in a house near the depot, so that I could get them. To make a long story short, he was with me some two or three months, and during that time he appropriated and sent away any quantity of things. His father sent back a dry-goods box, three or four feet long and probably two feet high, full of all sorts of articles, bed-clothes, napkin rings, new boots and old boots, blank vouchers and receipted vouchers, old steel pens, new pens, pen-holders—everything of that character that you could think of, that it would be possible to find in such an Institution; also, blank-books innumerable. One thing peculiar about the case is, that he stole these books down town at the book-stores, where he had been trading, and in every one of the books there was an entry made, sometimes one thing and sometimes another, but in every book some mark which would spoil the sale of it. What his object or motive was in so doing I am unable to determine. He deceived me, he deceived Dr. Godding, he deceived a gentleman in New York, and he has deceived many more, how many, I suppose, will never be known. As to the New York gentleman, the points of which were given by Dr. Eastman, I will state that a short time after Fairbanks' arrest, I received a telegram from him asking me whether this young man was insane. Thinking he had got into trouble with his kleptomaniac propensities, I telegraphed back that I thought he was irresponsible. They sent him, I think, to the penitentiary there.

**THE PRESIDENT.** Have you any doubts about his having been insane when he was with you?

**DR. KILBOURNE.** In looking back to the time when he was with me, I can not say that I found evidences of insanity, only as to kleptomania; yet I have always regarded the purely kleptomaniac as an insane person. Certainly he had no power to control his actions. I believe the idea was suggested by Dr. Gray, that if at some period during his life there was any cessation or abeyance of these thievish habits or propensities, his malady might be characterized by a different name, but I think I can not say there was any cessation of these manifestations, from the fact that from the commencement of his stealing in the Institution, at Elgin, he continued on in the same course until he was found in an Institution in New York.

**DR. BUCKE.** Will the President please ask the gentleman about this young man's other mental qualities?

THE PRESIDENT. That was in my own mind. Was he temperate and were his habits in other respects correct?

DR. KILBOURNE. Perfectly, so far as I could discover, and I think he had a bright, intelligent mind, fully up to the average found in the business walks of life.

DR. BUCKE. Did he manifest sympathy for his fellow-creatures?

DR. KILBOURNE. Yes, sir; I think he was of a very sympathetic nature, and I wish to add that I never had a more typical case of this disease under my observation.

DR. CHIPLEY. Was there any evidence of disease of the brain, or change of character, at any time in his life?

DR. KILBOURNE. I had no prior history. He came to me a comparative stranger, highly recommended as being a young man of good morals and very fair capacity.

DR. BUCKE. He did not come to you as a patient?

DR. KILBOURNE. No, sir; he came to me as an applicant for an official position in the Institution.

DR. GRAY. He had never been connected with a savings bank?

DR. KILBOURNE. Not to my knowledge, though I am free to say his peculiar qualities would have fitted him for *distinction* in that field! Shortly after this experience with Fairbanks, I had another case, this time a patient in the Hospital, the son of a wealthy and very estimable Christian gentleman, living near Chicago. It was a decided case of kleptomania, not quite so marked, however, as that of Mr. Fairbanks. In this instance the gentleman's propensity was to take everything in the way of billiard-balls. He was a very expert billiard-player, and on leaving a place would take one or two balls. He was arrested a number of times, but finally, through the influence of the family, was found insane and sent to me. While under my care he did not appropriate a single article unlawfully, and in course of time, was discharged. I did not think he was a fit subject to remain in my custody. Immediately after his discharge he went at his old tricks again, taking billiard-balls, and enlarging somewhat, I believe, his sphere of operations, when he was finally arrested again. His father secured his release, gave him some money, and sent him to California, and that is the last I have heard of him. The two cases were interesting, Mr. Fairbanks especially, as it was the most typical case I ever met with, and for the gratification of the Association, I wish the gentleman could be present and be interviewed. He has a great deal of the *suaviter in modo*, is quite self-possessed, good-looking, well-dressed generally, careful, neat and tidy in his apparel, and I think well calculated to deceive any one.

The PRESIDENT. I infer, Dr. Godding, that you regard him as insane?

Dr. GODDING. I have no doubt about it.

The PRESIDENT. He is a kleptomania, as you call him, and not a thief?

Dr. GODDING. Yes, sir. Allow me to ask Dr. Kilbourne if this lot of material sent back from Boston was not useless to a considerable extent?

Dr. KILBOURNE. Almost wholly.

Dr. GODDING. That, it seems to me, is a strong proof; old boots and old letters.

Dr. KILBOURNE. Buckles and old worn-out scrubbing-brushes, picked up here and there, and every conceivable article—some, in fact the majority, of no value whatever.

Dr. KIRKBRIDE. This struck me that we had a very clear case of kleptomania. In a large majority of these real or assumed cases of kleptomania that are presented to us, the doubt comes from the fact that there is never anything taken unless it be something valuable, something worth stealing; but here is a man who steals the most worthless things with things which are valuable. He does just what many of our old, demented patients do. Every man here, I will take it for granted, has had patients who would collect scraps of paper and all the things which have been mentioned. This man seems to have done the same thing. I have no doubt it was a case of insanity. I do not believe he was able to control that propensity in any way.

Dr. A. E. MACDONALD. I agree with the gentlemen who have spoken, in regarding this as a very interesting case of what is called kleptomania, but I do not concede that it establishes the fact that there is such a form of insanity; nor do I think that the details given regarding the several acts of stealing are sufficient in themselves to show that the man was insane at all. I observe that Dr. Eastman speaks of him as a lunatic, but I presume that he had other grounds for considering him insane, which he has subordinated in the present paper to the very interesting details of his successive robberies. I do not mean to say that the man was not insane. Apart from his acts of thieving, there are suggestions, though not proofs, of disordered mind. He may have been an epileptic, or a case of what some writers call the "insanity of pubescence." His arrogant manners and belief in his own superiority to his companions and surroundings, would point in that direction; and as in such cases there is generally a history of

self-abuse, I should like to ask Dr. Eastman whether it was present in this instance.

Dr. EASTMAN. No, sir; not so far as I could ascertain.

Dr. MACDONALD. It seems to me that the acts of theft alone do not establish the existence of insanity; and that, such being the case, it is a little unfortunate to call the man a kleptomaniac, and so give sanction to the belief that there is such a form of insanity. I do not believe in the monomanias, and I do not find in the history of this man's larcenies anything irreconcilable with the theory that he was sane and depraved, not insane and irresponsible. I understand the Doctor to say that the young man's father was penurious, and denied him the little indulgences that other boys enjoyed; and it is quite possible that his pilferings were commenced in order to remedy these deficiencies, and that in this way the habit was formed and grew with him. Then, it seems to me, that the plea of insanity was advanced by his family to save him from punishment upon the occasion of his first arrest, and he seems to have accepted the suggestion very readily, and proffered the plea himself whenever he got into trouble subsequently, backing it up in one instance with an offer to purchase his liberty from his captors. Dr. Kirkbride has spoken of the fact that the young man stole useless things as being evidence of his insanity; but he stole useful as well as useless articles, and he was able to discriminate between them, taking the former to the pawnbroker's, and only throwing away or hiding the latter. The money that was found hidden away in sums of ten or twenty dollars, could scarcely have been stolen from fellow-patients, but was more likely the proceeds of sales of valuable articles stolen. It is in evidence that he often took articles to the pawnbroker's, and when he stole the horses and wagon, he drove them to a distance and endeavored to sell them. Might not this purloining of valueless articles and hiding them where they seem always to have been easily found, coincident, as it was, with the purloining of valuable articles which he sold, have been the shrewd scheme of a man who, having found the plea of insanity stand him in good stead on more than one occasion, thought it prudent to lay up evidence in support of such plea as he went along, in case of future trouble? Then the conduct of his family, apart from their prompt appearance with the plea of insanity as often as he was found out, is, to my thinking, very significant—their fitting him out and sending him off to a distance several times, procuring him successive situations, writing him recommendations and obtaining them for him from others.



Does all this look like the natural conduct of a family toward a member whom they believed insane and irresponsible? or is it not rather suggestive of a recognition that he was responsible, but wicked, and a hope that among new conditions and surroundings promises of reform might be fulfilled? Dr. Ray cited as a proof of insanity that the young man could not control his propensity for stealing. As I remember Dr. Eastman's paper, such want of control was not in evidence. On the contrary, he could and did control it, and for months at a time; and it is a significant fact, that the ability to so control it was manifested and exercised just at the very periods when it best served his purposes. Thus he behaved himself with great circumspection upon going to each new place, until he succeeded in ingratiating himself with his employers or custodians, and obtaining privileges and opportunities which enabled him to resume his thefts with the best prospect of success and least prospect of detection. As I said before, I do not deny that the man was insane; but I claim that if he was, the proofs of his insanity do not consist in the fact or the details of his thefts, and that it is unfortunate to apply to him a name which would indicate that they do.

Dr. C. F. MacDONALD. Mr. President, it seems to me that the case, as reported by Dr. Eastman, presents on the one hand, many indications of the low cunning of an accomplished thief. The fact that he was in the employ of the Asylum at Elgin for several months, occupying a position of trust and under the immediate observation of the Superintendent, who says he never suspected him of insanity, and this, too, at a time when the propensity upon which the claim of insanity is based, was being fully indulged, does not, in my judgment, add very much strength to the theory that Fairbanks was insane. Nor is the fact that he invariably turned up in a lunatic asylum when apprehended for theft, any proof to my mind, that he was insane—for it should be remembered that under such circumstances there was a strong motive for feigning. Had the case occurred in the State of New York, I venture to say he would have been imprisoned, at least the mere act of stealing would not have been regarded as sufficient evidence of insanity, to warrant an acquittal on that ground. On the other hand there are, as Dr. A. E. Macdonald has already said, some elements in the case which may be evidences of insanity, namely, the depression which Dr. Godding mentioned as having been observed by him while Fairbanks was an inmate of the Asylum at Taunton, and the occasional excitements to which Dr. East-

man has particularly referred, but these circumstances coupled with the stealing, and admitting it (the stealing) to have been an insane act, make up a condition which can hardly be described by the term kleptomania.

Dr. MORSE. I would like to inquire of the Doctor whether he ever took anything and returned it afterward?

Dr. GODDING. I can answer for myself that he never did, that many things were put away in the holes of the walls. As in the case of Dr. Eastman the articles were not all useless. His object seemed to be to secrete. We found sheets and things of that kind and I never knew him to voluntarily return any of these.

Dr. KILBOURNE. He returned nothing.

Dr. EASTMAN. I do not know of a single instance.

Dr. RAY. If I believed that this was a common case of thievery, as explained by Dr. Gray, I certainly should not be able to say I was glad, as he did, that Dr. Eastman had taken the trouble to report it and we had taken the time to listen to it. But believing as I do, that we have listened to a case of kleptomania of the purest kind, I must say that I am glad and thankful that Dr. Eastman has taken the trouble to report it in so thorough and clear a manner. Nor can I agree with Dr. A. E. Macdonald, who thinks the man was really insane, but that the thieving was a matter of common depravity. Let me ask him setting aside this trait of the narrative, if he sees evidence enough outside of it to warrant him in giving a certificate of insanity. I do not mean to be understood as believing or as asserting that this propensity constituted the only and the sole mental impairment in the case, I only say that I see no other in the accounts given by the various gentlemen who had charge of him from time to time. His judgment and his moral responsibility may have been more or less impaired. But in this, as in many other forms of mental disease, we name it after the most conspicuous symptom. This is nothing new or strange I think in the matter of nomenclature.

Dr. MORSE. I will state why I asked the question I did of Dr. Eastman. Some ten or twelve years ago I had a case of a man who became dyspeptic and afterwards died of lung trouble. Previous to that time he manifested no disposition to steal anything. He would go into stores and shops and carry off things. For instance, he went into a wagon-maker's and stole the bits to bore with. Two or three days afterward he put them where they would find them and take them back. A few days afterward he stole a gold pen and put it where the owner could get it. Then

he broke into my office and stole Webster's Unabridged and other books. A short time afterward he put them on the manure pile. He would take various articles in this way and return them. I knew that he had these for his family would report that he had brought them home. But they would be returned all right afterwards. He continued in that way until he finally died. But so long as that man was able to be about he would steal, or slyly carry things off, but they would be returned. We had several cases in Columbus of kleptomania, and it was difficult to tell whether it was that, or a low grade of thieving. It was hard to determine whether they were insane outside of lying and stealing. This man was seen to bring back my books and seen near the well where the bits were placed.

Dr. BUCKE. Did his family insist on his bringing them back?

Dr. MORSE. I could not answer positively. But the fact is that they were always returned, and that he continued to steal. The two acts seemed to be associated together. He would steal and take the articles home or somewhere else, so it could be recovered. Things would be missing in town and they would say the old man Peter has got them, and in a few days they would turn up again. That is the way it came out.

I do not believe in the existence of a monomania of stealing free from any implication of the mind. The intellect, the sensibilities, and will, to constitute insanity, must be involved. A man must not only be deprived of will-power sufficiently to render him unable to resist an impulse to steal, but that exercise of reason by which motives to do right or abstain from doing wrong, influence the will, must be perverted or impaired.

Dr. SMITH. I regard this as an exceedingly interesting case. It seems to me if any one be presented where the case would prove kleptomania, this case develops that. It is true that in a few of his acts we find articles of value taken, but by an overwhelming majority we find the articles of no value; and he would steal them in cases where there was no probability of their being found. There could have been no motive, it seems to me, that could be presented for causing these acts, otherwise than from the view that it was a case of kleptomania. Whether it was a disease of the brain, or whether it resulted from typhoid fever, is a question. I am inclined to think it was originally caused by a faulty organization from the father. The father's eccentricity was highly developed in this case, and it is one of the most striking cases in its character. Probably the son inherited this tendency, and it may

have been heightened by disease. As several who have preceded me, I regard this as a well-marked case of kleptomania.

The PRESIDENT. With your indulgence, I will refer to a couple of cases that may be important in your repertory, for use in considering such cases, either as patients in your hospitals, or in public trials. The first is one that I reported in the JOURNAL OF INSANITY, I think as far back as 1850, 1851 or 1852. The young man was the second of the two sons of a clergyman in Brooklyn, and the father being a professional man, naturally determined to give his sons a liberal education. He sent the elder to college, and in the course of the preparation of the younger for a collegiate education, the father made up his mind that he was not likely to make a brilliant professional man, and he apprenticed him to a printer. He had learned his trade, and became so proficient that he had been raised to the position of foreman of the office in which he was employed, and I think that his employer testified that he was a very efficient one. One winter morning, in going to his office, he saw a young woman on the opposite side of the street, and passing in an opposite direction. She was employed as a shop girl or a sewing girl going to her work. He crossed the street, approached her from behind, and, pushing her forward upon her hands, seized one of the light shoes she wore and drew it from her foot. He immediately turned and ran to the printing office, hung up his coat in one of the pockets of which the shoe was found, and when he was arrested was at his work. He was indicted, and at a preliminary trial to ascertain his state of mind, and whether he was capable of conducting his defense, the father testified that his son's moral character, except the purloining of shoes of a particular quality, was faultless; that he had never known him to use any kind of intoxicating liquor or drugs, that that he had always kept good company, and had never been known to use any bad language. He had never taken anything but the most costly and delicate ladies' shoes. His habit was to take a single shoe belonging to a female member of the family, dip it in water and thoroughly soak and wring it, and take it to a closet or wardrobe, and hang it up behind a garment. He was never known to gather shoes that he had disposed of in that way, nor to make any farther use of them. In this case (and I think I have stated every particular of it, except to say that the habit commenced when the subject of it was quite young) the only evidence of mental impairment brought out at the investigation, under circumstances that made it the interest of his friends to testify to every-



thing, was this fact, as the father stated, that he did not think his son quite equal to a successful professional life. He was not as smart as the other boy, so he sent him to a trade, instead of sending him to college. That case I regard as more typical of true kleptomania than the one read by Dr. Eastman, though I have no doubt that his case is one of true kleptomania. His acts were those of a kleptomaniac. He had no rational motives for his conduct; his conduct was almost altogether in violation of rational motives. I may say in this connection, having reference to a remark made by Dr. Gray, that I do believe in the existence of true monomania. The case I have related was, in my opinion, one of pure monomania. I have long thought that cases of monomania are very rare, but I see no reason in my experience, nor in my philosophy of insanity, why cases of monomania should not occur, and I believe they do occur, but in a large proportion of the cases of primary manifestations of mental disturbance upon a single point, they soon run into general mental disease, or other manifestations of disease take place. The existence of monomania is philosophical, and accords with my observations.

Another typical case of kleptomania came under my observation in this District. It was well known to my friend Dr. Tower, who is present, and has been familiar with the prominent cases of insanity that have occurred in this District in the last twenty or more years. This was the case of a clergyman with whom I had for several years been associated as fellow-trustee of a public institution. I had had a near friend of his under my care in the Government Hospital for the Insane, and knew him thoroughly, and I never knew a man of more exemplary life and character, except he was in the habit of taking books from book-stores and stands without paying for them, carry them home and appropriate them to his use, and, as far as I could ascertain by private searching inquiry, the taking of these books was the only evidence of mental aberration he ever exhibited. Now, these books were useful to this gentleman. He was a professional man and large reader, and read these books, but that circumstance does not, to my mind, necessarily show that he was not insane. Insanity sometimes leads people to do things for which there is a more or less rational motive and they do them in a more or less rational way. This gentleman was in charge of a respectable congregation whose confidence he enjoyed. He enjoyed the respect of this community in a high degree. All preponderating motives were opposed to these thefts. When confronted by the owners of the books he had taken, he manifested all the chagrin, and all

the remorse that a consistent Christian gentleman should manifest at being caught at such thefts, and yet he repeated them, and finally he took some books under circumstances that led to his being threatened with public exposure, and he committed suicide. He had acceptably discharged all his pastoral functions with remarkable amiability and freedom from ostentation to the very day on which he took himself off. The newspapers took the view that he was insane, and that was enough. It seemed to be a clear case of kleptomania, and so far as I know it was a case of monomania. But as the case was not made the subject of judicial investigation, and public exhaustive testimony was not taken in respect to his physiological and medical history, or his pathological history, I do not feel so confident about that as I do in regard to the first case.

Dr. GRAY. I would like to make one remark further, as this case has a very important bearing, especially in a medico-legal point of view. If an immorality or thieving constitute a disease, what class of things and what character of stealing would differentiate this so-called kleptomania from ordinary stealing? If there is nothing else in the case but "moral disease," a delight in stealing, whether that constitute kleptomania; or if it is the peculiar character of the article, as suggested by Dr. Kirkbride, or the method of mixing useless with useful things? In regard to the remark of Dr. Ray, assuming that there is such a mental state as kleptomania, if I understand him, he does not say that the act of theft, or acts of theft, repeated once or twice, or all through life from childhood, constitute the lunacy; but if I understand him, he claims there are other elements in such cases, the stealing being prominent, and that this would only give it that name. It is, then, only a question of the classification of persons who are really insane, or whose whole mental being is involved in lunacy. Then it is only a question of how to name cases with certain peculiar traits or habits. That is another thing. But it is the *other* elements which do constitute the lunacy that is the important point for us. We are concerned to know whether a form of insanity exists without impairment of the intellectual faculties, in any direction, or involving the intellectual power. The man may be cunning, shrewd, active; he may deceive the best of men constantly; he may have no delusion whatever, no disease, only this propensity, this thieving; and out of that shall we originate the word kleptomania, and call him a lunatic?

Dr. KEMPSTER. Mr. President, when asked if I had any remarks to make on this particular case which Dr. Eastman related to us, I said I had not; but the subject having taken a somewhat wider range, calls up to mind very prominently the case which I think Dr. Gray will remember, and also I think Dr. Boughton—a case occurring in the State of Wisconsin, some three years ago. I was consulted by the elders and deacons of a church in one of our prominent cities, relative to the case of their pastor, who accompanied them, and, perhaps, some points would not be uninteresting. This man had been arrested in the city of Milwaukee by a dealer in publications for stealing books. The facts are these: He was in the store where he occasionally bought books, and was looking at some books, as persons are in the habit of doing, and while there a person came in and spoke to him, and he became interested in the conversation with this man. He put the book that he had been looking at under his arm, outside of his coat, continuing his conversation with this man, and both left the store together, he still in conversation with this man and the book under his arm. The book-dealer had lost quite a number of books, and thinking that they had the man, a clerk called in a policeman, and the gentleman was arrested and taken to the station-house. He burst into tears, acknowledged his guilt, was willing to make restitution, and seemed very penitent. Before they finally disposed of the case, they sent to his house and found a number, but could not identify the books, especially because there were some marks of wear. This was the beginning of the trouble. When the man was brought to me he was thin in flesh, and from one hundred and eighty pounds (which was his ordinary weight) he weighed only about one hundred and sixty pounds. He was melancholy, depressed, had delusions of fear not relating at all to the objects or the people whom he had deprived of this property, but that indescribable, indefinable fear we often see in cases of that kind, and there were other evidences of mental disease.

Dr. GRAY. Had he at that time the loss of sexual powers?

Dr. KEMPSTER. He had lost those powers sometime previously, but I am coming to that. The case was taken up before the justice and under all the circumstances he was discharged, but the man continued under my care for nine months, not in the Hospital but with some friends. In that time he passed through melancholia and dementia, and afterwards recovered. Being interested in the case, I found out in conversation from him certain facts (which were easily verified) as they related to things occurring

where I was born and brought up, though he did not know that. He had been a student of Hamilton College and at Auburn Seminary, and he was very well acquainted with Mr. Pomeroy, whom he had known from boyhood. I found that he was born of poor but respectable parents, but that while in Hamilton College had several well-marked epileptic seizures which were undoubtedly from overwork. He would study all day long and at night would go to Utica and pack candles for this Mr. Pomeroy and others keeping places of that kind. He kept a diary which I saw afterwards, showing that there were several months during his college life, that he lived on twenty-one cents a week, including his food and other purchases. I then corresponded with a professor in that college and found out that his statements were correct. I then corresponded with Mr. Beecher, now dead, who was connected with the Auburn Theological Seminary, and found that while there he had attacks of vertigo and this epileptic seizure. While at Auburn Seminary he was sent out and held meetings in chapels and other places in that neighborhood; and while in that seminary he was arrested for stealing books, the arrest having followed an attack of vertigo, and when he was in a very low state and his physical condition was particularly very poor. That gives the whole history of this gentleman. He had been hard at work in Wisconsin, holding protracted meetings, a teacher in a day school and a temperance lecturer, and in general admired by the people on account of his ability; but one of the unfortunate creatures who seem to be in poverty all their days, never getting above the necessities of daily life. The man, however, recovered from the melancholia and dementia and went back into the city where he was when this second thieving took place, if you will call it thievery; was received back into the good graces of the citizens and his congregation, and goes on with his temperance lectures and is a good citizen.

I would say that he was a member of the Methodist church at the time of this act of stealing. He was brought up before their annual Conference. There had been some difference of opinion between the presiding elder of his district and himself, and the presiding elder was a little severe and pushed him out of the conference, notwithstanding the evidence of his insanity by myself, a long opinion written by Dr. Ranney and after a consultation with Dr. Gray. Notwithstanding his expulsion, he went back to his old place, and I will say that to-day he is at the head of a large and flourishing congregation.



During the war it was my misfortune to be in the army and to be placed down at Acquia creek, where a malarial fever prevailed. It was a very noticeable feature that when they were recovering the soldiers would steal right and left. It was known to be the case with the patients in all the different hospitals there, but when they advanced a little further the propensity would pass away. If there are any old soldiers present they will recollect these cases of persons doing just what I have stated.

Dr. KILBOURNE. You do not refer to typhoid fever alone?

Dr. KEMPSTER. I do not refer to that alone.

Dr. CALLENDER. The epileptic features in the case presented by Dr. Kempster suggests the features of a case now in my Hospital, which it may be interesting briefly to relate. A few weeks ago, a young gentleman, quite a promising member of the legal profession, was brought by his father—a prominent physician of the county in which he resides—laboring, as was alleged, under the effects of a serious cranial depression, the result of a fracture in the right coronal region, received when he was in his fourteenth year, the patient now being twenty-eight years of age. The depression was two and a half inches in length, by nearly or quite three-fourths of an inch in depth in a portion of its track. He had recovered well from the first results of the injury, and had good health while passing through school and college, whence he graduated with distinction. By the statement of his father, however, there was always more or less tenderness on pressure, and this was the case after observation at the Hospital. He suffered some neuralgic pains at times in the temporal region of the side injured, and presented an almost constant twitching of the muscles of the forehead and those of the molar region on that side. His mental functions were unimpaired, and were quite acute. For about five years past, he has suffered from slight attacks of vertigo, with brief periods of loss of memory, and confusion of mind as to where he was. He would suddenly leave home and business and become conscious that he was at some point miles distant. He had at no time a well-marked epileptic seizure. Simultaneously with the symptoms just described, a transformation in his moral character began to be exhibited. His family and friends commenced to observe an untruthfulness and remarkable unreliability of statements, which continued to increase. This moral perversity was displayed more markedly in a system of petty swindling, persistently carried on. He would borrow upon false representations from his father's friends and his own in sums not large, for which

he had no necessity. He would forge drafts upon the bank of the town and upon individuals, which were certain of detection in a few days or hours. He would falsify in regard to everything, and perpetrate these acts unaccountably and unnecessarily, experiencing and expressing shame at detection, but nevertheless repeating them whenever it was possible. His character in this respect became notorious, and it devolved upon his father to meet the obligations he incurred, which he did for considerable amounts. All this while, he was acquiring character for ability in his profession, and his own pecuniary circumstances and those of his father rendered such resorts wholly unnecessary. So uncontrollable and inveterate was this propensity, and so inexplicable to his friends and physicians who were consulted, on any theory except that of mental unsoundness, that he was alleged to be insane, and sent to the Hospital for treatment. The very brief periods of mental obscuration accompanying his vertiginous attacks, which were real frequent, was the only intellectual impairment observed. His general brightness in this respect was as marked as the moral obliquity which has been noted. Three questions, on which his father and an eminent surgeon of Nashville were consulted, arose in the case. Was the moral transformation and the conduct it led to, due to cerebral lesion, the result of his cranial injury? Was he not imminently threatened with serious epileptic trouble; and was it not gradually and surely developing? Would trephining and elevation of the depressed bone relieve either or both conditions, or through lapse of fourteen years including the passage through puberty, and the attainment of full adult development, had the morbid condition and sympathies become fixed? In regard to the first, there was division of opinion and doubt, both as to whether the moral obliquity was a result, and whether a successful operation would return it. In regard to the epileptoid feature, it was agreed that it was encroaching and would become serious and fatal to mental integrity unless relieved, and that the attempt by trephining and elevation was justifiable and necessary for that end. As a matter of course, the amount of lesion to the brain and membranes in the vicinity of the cranial injury could only be conjectured, but the otherwise excellent physical condition of the subject—the certainty almost of epilepsy in its worst form supervening—and the probabilities of averting that, and possibly, of relieving the case in all its features, determined the operation, and it was performed last Thursday. To the patient, the condition was wholly explained, together with the hazard of

the operation. He willingly consented to the attempt proposed for his relief. Under anæsthesia, he was trephined and the bone impinging on the structures elevated and removed. An angular crest of the bone at the lowest point of the depression was found perforating the membranes, and the removal left an aperture, from which was discharged during the operation, a thin, yellowish fluid, in no great quantity, however. The patient rallied from the operation readily, and after application of proper dressings, slept and took nourishment, and for forty-eight hours before my departure from home on Saturday last, did well, with the exception of a soporose condition, which was appearing about noon of that day. Should the operation prove successful, and the patient survive, the sequel, especially as to the perverse moral features of the case, will be interesting. I have good hope, that in that event, epilepsy may, at least, be averted.

The PRESIDENT. Dr. Kirkbride will you make any answer to the criticism on your position by Dr. Gray?

Dr. KIRKBRIDE. No, sir, I think I must have been understood in what I said. Like the witness I hold on to it.

The PRESIDENT. The case related by Dr. Callender, it seems to me, is exceedingly interesting as illustrating the important fact of kleptomania. The proof of the stealing of valuable substances does not show that the man is not insane. I suppose there is no doubt in any mind that the case related by Dr. Callender is one of insanity.

Dr. CALLENDER. That is my view, sir, that there is intellectual impairment.

Dr. EASTMAN. I have no extended reply to make and will only refer to one or two suggestions and inquiries which have been made. Diligent search for epilepsy, which had been suspected by various physicians, who have observed the case, has failed to show any evidence of its existence at any period of his life, excepting his statement of having had vertigo at the time when his friends allege he had typhoid fever. Another point; distinct periods of depression have been repeatedly observed in the case, perhaps not in themselves, conclusive evidence of insanity, and probably not sufficiently elaborated in the history—the kleptomaniacal features of the case having been purposely more fully presented.

Dr. GRAY. So the case is, at times at least, then in a state of melancholia?

Dr. EASTMAN. Yes, sir; and in speaking of the case as one of kleptomania, I use the word in a general way, not meaning that

kleptomania is necessarily a distinct disease; but as we use the term mania to designate the prominence of certain symptoms, so I use the term kleptomania as a convenient one for indicating a peculiar and prominent symptom. No one who knew the case would doubt its being one of insanity.

On motion, the paper was laid on the table.

Dr. Kempster then read a paper containing a report of a case of atrophy of the right hemisphere of the cerebrum and the left hemisphere of the cerebellum.

On motion, the discussion of the paper was postponed, and the Association adjourned to 8 P. M.

The Association was called to order at 8 P. M., by the President, who announced the Standing Committees as follows:

On time and place of next meeting: Drs. Smith, of Missouri; Chapin, of New York, and Grissom of North Carolina. On Resolutions: Drs. Kirkbride, of Pennsylvania; Everts, of Indiana, and Eastman, of Massachusetts. To audit the Treasurer's accounts: Drs. Clark, of Ontario; Kilbourne, of Illinois, and Baldwin, of Virginia.

Dr. Eastman called to the notice of the Association the death of Dr. John E. Tyler, and moved that a committee be appointed to prepare a memoir of Dr. Tyler, and the President appointed Dr. C. A. Walker.

The Association then took up the paper of Dr. Kempster for discussion.

Dr. CHIPLEY. It is my purpose to study the paper read by Dr. Kempster, and until I do that, I have no remarks to make. I was very much pleased with it.

Dr. EASTMAN. I shall have to plead inability to discuss so important and abstruse a paper on such short notice. The case seems



to me to be a very remarkable and interesting one which will help to elucidate some of the problems relative to the functions of the brain.

Dr. GODDING. I could not undertake to discuss the paper without a more careful study of it than I could make in hearing it read. I can only express my gratification at being permitted to listen to a paper so scientifically prepared, and so minutely describing such a remarkable case.

Dr. GRAY. I look upon the paper as a valuable contribution to the literature of the profession. It brings up a great many facts, and in connection with those facts a great many suggestions, which require examination and reflection properly to consider. It is quite remarkable that a person should have retained such clearness of intellect in such a condition; that she should have been susceptible of such general culture as the Doctor sets forth, with such serious embarrassments, in having not only almost the entire one-half of the brain gone, but having at the same time so grave a disorder as epilepsy. If I understand the Doctor, these epileptic attacks were quite frequent, and for a long time before death were so severe as to be accompanied or followed by attacks of a maniacal character, and yet in the intervals between the epileptic attacks, with all these embarrassments, she presented these characteristics prominently clear perceptions and good reasoning powers, and the moral and intellectual qualities that she had displayed before the epilepsy had associated with it the mental disturbance. Epilepsy is taking a more important place in medical jurisprudence. There are cases where crimes are committed where epilepsy is brought forward as at least a modification of responsibility, if not a complete reason for assuming that their acts may be irresponsible. A case has just occurred in Buffalo, N. Y., in which epilepsy was made a defense. I could not but think of it while Dr. Kempster was reading his paper, especially in connection with one of the points I have stated, the intellectual clearness that existed between the attacks. In that case, the man committed a deliberate murder, killed his neighbor with whom he had quarreled several times in a few years, and with whom he had had a special quarrel within ten days of the shooting. Epilepsy was not known to have existed. Some medical gentlemen suggested that there was something peculiar about the character of the murder—the man going out and secreting himself on his neighbor's farm, within three-quarters of a mile of his house, and there deliberately shooting him at four o'clock in the afternoon—and they suggested an examination. The district

attorney consented to postpone the case until an examination could be made. One of the physicians of Buffalo, Prof. Rochester, in examining the man found that he had some epileptic symptoms at least. He was subsequently examined by a number of physicians. He was an ignorant German. He described himself as not being sick often, but as at times having suddenly a general condition of weakness or debility, which he called "schwäche," a kind of dropping down as he said, a feeling of trembling in his legs, and sometimes a little quivering with it, and then too "sometimes I know something and sometimes I don't;" that the trembling feeling passed over him to his head. When I asked him where he found himself after having such an attack, he said that he found himself on the floor, but did not know how long he had been there, and that he had had one of these attacks in his barn two weeks before the murder was committed. I see by the papers that he was convicted and is sentenced to be hanged in June. Several physicians were called, and, admitting epilepsy, no physician could testify to any insanity. Here we see a man following the ordinary pursuits of life as a farmer and laborer, earning a living for his family, and having this disorder which, as jurisprudence now stands, neither law nor medical science recognizes as a condition in which there is irresponsibility, unless associated with it there is actual lunacy. That is the state of law at the present time and that is the position of medical science. That a morbid condition of brain, associated with epilepsy, may exist, and yet a person be free from insanity, is the admission we all have to make. As we see in the case Dr. Kempster has reported, we have epilepsy for a long period, for, as I understand it, she was not insane for a number of years after epilepsy developed.

DR. KEMPSTER. No, sir; there was no evidence of it.

DR. GRAY. A long series of years of growth and development, susceptible of a high culture, with epilepsy and with this extraordinary disappearance of one-half of the brain. In relation to jurisprudence the case is most interesting to us all. As an interesting case in some other respects which the Doctor has mentioned, its relation to the theory of localization, it has a very important bearing. The Doctor has pointed out some very striking resemblances, certainly, to the very interesting experiments that have been made by Hughlings Jackson, Ferrier and others. I shall be very happy to see so valuable a paper printed with such illustrations as will show to us just what lessons it may teach in connection with the developments of scientific research in that direction.

Dr. KILBOURNE. I have no extended remarks to make upon this paper, for it needs study and reflection to enable one to speak critically of its merits. During its reading, however, a case closely related was brought to my mind, which, although noticed before, I may be pardoned for briefly alluding to again, since it serves to illustrate the point made prominent in this paper, that cerebral atrophy from different causes may exist within certain bounds, and not be accompanied by any appreciable impairment of the intellectual faculties. This case was that of a lady in middle life and average health, who for some years had followed the occupation of teacher in a graded school in the city of her birth to the acceptance of every one, voluntarily placing herself in the surgical wards of the city hospital in Brooklyn, two weeks after the close of the summer term, for the purpose of submitting to an operation for the removal of a tumor upon her forehead. This tumor, the size of an orange, occupied a position to the right of the median line of the face, its lower boundary just clearing the superciliary arch, its upper invading the hairy scalp. It was removed by the ecraseur, when it was found to have its origin in the diplöe, having an internal as well as an external growth. The patient died, and at the autopsy it was further discovered that the internal growth was as large, if not larger, than the external, pushing back and causing atrophy of the brain substance in the anterior lobe of the cerebrum to the extent of its accommodation. Its causation was traumatic, and its development, extending over a period of one year, was unattended, except at the first, and for a few days only, by any pain or bodily discomfort whatever. The history of this case, as given by herself and her intimate acquaintances and friends, was exceedingly interesting to me, for it appeared that she taught school up to within ten days or two weeks of her admission to the hospital, and I was assured by those associated with her as teachers in the same building, that she was never heard to complain, and that they never discovered any change in her mental deportment or bearing, either toward themselves, her pupils or others—her mental soundness and fitness for her duties never being once brought into question. In daily conversation with her for more than a week prior to the operation, sometimes alone, at other times in company with her friends, and with the medical staff of the hospital, I failed to detect any evidences of mental unsoundness or irregularity, her reasoning and perceptive faculties being bright as our own, and her language was certainly faultless.

Dr. KIRKBRIDE. I have only to express my high appreciation of the industry and intelligence of any member of this Association



which secure so admirable a report as that to which we have just listened. I do not belong to that school that believes that the chief object of institutions for the insane is to furnish an abundant supply of subjects for post-mortem examinations and for the use of the microscope, but I do have a high appreciation of the services rendered to science by those who labor faithfully in this direction. Those who have done much in these investigations well know how much time and hard work are necessary to make them interesting and valuable. It is indeed hardly possible for any superintendent to do this without the most efficient assistance, and such ought to be provided by every institution. In regard to the particular case under notice, the fact that the patient had so much intelligence with such a condition of the brain, only adds confirmation to what is often observed after injuries to that organ, and where large abscesses have formed, showing disorganization of a large portion of one of the hemispheres, without apparently affecting to any serious extent the mental manifestations, and yet the fatal termination, sooner or later, is sure to come. The manner in which this report has been drawn up is all that could be desired, and we all must feel under obligations to the Doctor for bringing it to the notice of the Association.

Dr. REYNOLDS. I would like to ask Dr. Kempster if any ophthalmoscopic examinations were made? I should expect in that case that there would be a change.

Dr. KEMPSTER. No ophthalmoscopic examinations were made.

Dr. SMITH. I believe I have nothing to add except to express my high appreciation of the valuable paper of Dr. Kempster. With other gentlemen, I will have to peruse it to understand it thoroughly. I was struck with the remarkable clearness of intellect with the extensive loss of brain. It is certainly conclusive that the whole brain is not necessary to strong mental effort.

Dr. STEVENS. I do not feel prepared to discuss the intricate subjects presented in this paper. I trust we shall soon see it in such a form, that we can review the whole subject. The bearing of this case upon the question of duality of the mind, strikes me as important. This is a subject which, in my opinion, has not received the attention it demands. I have in memory two notable instances in which there was very extensive injury, amounting I think, almost to destruction of an entire hemisphere of the brain without impairment of mental function, one of which I will briefly narrate. The injury occurred from the bursting of a gun, an old-time musket; the screw or breech-pin, as it is called, entered the



cranium over the right eye and was imbedded in the right hemisphere of the brain; its presence was not detected till several days had passed, when it was removed by one of our physicians, Dr. Engleman; the mass of iron weighed nearly three ounces and was about three inches in length. The man died and the cranium is now in the museum of the St. Louis Medical College. In this we have to take into consideration, not only the laceration of the brain substance, but the effect of pressure by its weight upon the structures below it.

Dr. GRAY. Whether the mind was really impaired early in life under the epilepsy, is not quite clear to me. A good deal of the time she was evidently not insane, though she was during these maniacal attacks. Cases, such as Dr. Stevens has mentioned, come under the suggestion of Dr. Kirkbride, that great injuries may occur on one or both sides of the brain without producing insanity. Such cases are not rare. I have seen persons who were shot through the head without producing any after mental disturbances, or even mental enfeeblement. That depends very largely on the parts injured. We all remember the case of Phineas Gage, in Vermont, who had a tamping-iron pass through his cheek and on up through the brain. He did not suffer from any intellectual impairment, and lived a long life of exposure.

The PRESIDENT. It did not affect both hemispheres.

Dr. GRAY. It touched both, and it carried away quite a portion of the brain.

Dr. GUNDRY. The latter part of his life he was an imbecile.

Dr. GRAY. He lived a life of great exposure, and during a long period was entirely sane. I was not aware that he became imbecile, or that he ever suffered in his general health until shortly before his death.

Dr. GUNDRY. He became an epileptic, and continued such.

Dr. GRAY. Did he? The points of greatest interest in this case are the loss of nearly half the brain for so long a period, and the fact of laboring under epilepsy for the long period of seventeen years without any noticeable mental impairment, and then, without any apparent change, so far as was noticed, the circumstance that she should then have the attacks of epilepsy, followed by maniacal paroxysms of brief duration.

Dr. KEMPSTER. I do not know that any remarks have been made which require a reply. There may have been some passages in the paper which were somewhat obscure, and the discussion on the part of some of the gentlemen would seem to indicate that,

perhaps, I had omitted to state certain facts which would have thrown light upon the points which they make relative to it. I do not recall whether I stated in the paper how long any manifestations of insanity had existed. She began to manifest these insane ideas or manifest conditions of violence about five years prior to her death; after which time these epileptic seizures became much more severe and frequent than they had hitherto been. But during all that time (seventeen years) there was not the slightest question of these epileptic attacks—they were well marked and pronounced. One point not brought out as fully as I would wish in this discussion is this: that from the time that she had the first epileptic attack, about eleven years of age, until a very short period before her death, she continued to acquire knowledge in all the departments in which she was particularly interested, and which I cited here this afternoon. She kept well informed in the politics of the day; she could recall the dates of the various battles of the war, and the incidents of the war with distinctness; her recollection of dates and names was excellent. There were many minor points which could have been brought out in the paper, but which were fully comprehended in the statement that in a room full of ladies she would have passed as a brilliant woman, between the periods of her excitement. The periods of excitement after the epileptic attacks would usually last three days. Some time on the fourth day there would be some trace, but after the attack was over, it was impossible to point out any tracings of insanity in the case, for she was affable, gentle, social, well-behaved and a perfect lady.

Dr. EVERTS. Without desiring to make a reputation as an obtrusive member, I wish to call the attention of the Association to one point; that is, What do we mean by "impairment of the intellect?" We have been constantly hearing of injury of the brain and no impairment of the mind whatever. I do not believe it. We do not know what these men mean by saying that there is no impairment of the intellect, because there is no standard of intellect. Each case has to be judged by itself, or compared and tested with itself. In the case of this young lady, how do we know what would have been her condition had the other part of the brain been perfect? I can not understand how a marline-spike can be thrust through the head, causing loss of brain and loss of action, and no impairment of the intellect whatever. Why, the loss of one meal of victuals impairs some men's intellects. The addition of one drink of Bourbon would impair a man's intellect,

though, perhaps, in a statement of the case one would not say so. So that, in this respect, there is something unsatisfactory to me both in the medical journals and in the remarks here. I think a little plainness on this point would add much to the interest of these discussions.

Dr. KEMPSTER. I am a little careful in using terms of the kind mentioned by the Doctor, but in this instance I would ask the Doctor what standpoint we should take with which to compare the intellect of this woman. I do not see.

Dr. EVERTS. I have no particular reference to this case in my remarks. It was the general remark that struck my mind at the time. My remarks were called out by some other case—no impairment of the intellect, and yet partial loss of the brain.

Dr. KEMPSTER. In this case the intellectual faculties were developed from day to day in a large degree, until a short period before her death. There seemed to be a gradual acquisition of knowledge on her part continually. In this case we could not compare the intellect of the person in the year previous to her death with a preceding year. She was constantly acquiring, and recollected what she read a great deal better than many persons not confined as lunatics.

On motion, the paper was laid on the table.

Dr. Clark then read a paper on "An Animated Molecule and its Living Relatives."

On motion, the discussion of the paper was postponed for the present, and the Association adjourned.

---

MAY 15, 1878.

After passing through the wards of the Government Hospital for the Insane, and examining the excellent arrangement of the Institution under the care of Dr. Godding, the Association was called to order at 2 P. M., by the President.

On motion of Dr. Gray, the Association adjourned to meet in Willard Hall at 3 P. M., and devote the first hour to hearing reports from the different States on provision for the insane.

Pending the question of adjournment, the President, Dr. Nichols, at the request of Dr. Kirkbride, made a statement of the condition of the Government Hospital, as regards accommodations for patients.

Dr. NICHOLS. I am willing to make the statement that Dr. Kirkbride has asked for, and will occupy but a few moments in doing it. As I am no longer connected with the Institution, it can have no personal bearing. The original plan of the Hospital was intended to accommodate two hundred and fifty patients. In the progress of the erection of the original design, two detached buildings for colored insane were added, and when they were completed it was thought that they would accommodate a maximum of three hundred and fifty patients, in view of the fact that, as most of the inmates of the Institution remain in it till they recover or die, a considerable proportion of them would, in time, be of the chronic class, and could be congregated somewhat more closely than the patients of those institutions that treat a larger proportion of recent cases. Since the completion of the original design, supplemented in the manner described, the Hospital has been enlarged three times, and it has now proper *maximum* accommodations for five hundred and sixty-three patients. The care of any larger number at one time is inconsistent with the highest sanitary condition of which the house is susceptible, and with the most satisfactory and beneficial internal management of it. I find that the register shows that there are under treatment in the Hospital, to-day, no less than seven hundred and eighty patients, or two hundred and seventeen (enough to fill a hospital of pretty fair size) more than its proper maximum accommodations. The floors of many of the corridors are literally covered with beds at night, and the night attendants, as they patrol the wards, are compelled to pick their way with care, lest they should step upon the sleeping patients. This is the state of things to-day in the only institution of this character, that the general Government of forty millions of people has been called upon to establish and support. At first the helpless patients were put to sleep upon ordinary mattresses, laid upon the floor. Later the wire mattresses were used, which allow the circulation of air under them, and render their occupants comparatively comfortable. Soon after the Hospital began to be overcrowded, efforts were made to procure an additional area of land, both for cultivation, and with a view to the erection of separate buildings for female



patients, at a distance from the present buildings, and the devotion of the latter, and the grounds immediately about them, to the use of the male patients. The original site embraced nearly two hundred acres. Three additions have been made to it, and four hundred and twenty acres now belong to the Institution, one hundred and seventy-five acres of which are on the east side of the public road, and afford an admirable site for a separate female department. Plans for such a department were prepared, and approved by President Grant and two of his Secretaries of the Interior, and a bill appropriating the amount necessary to erect proposed buildings once passed the Senate, but failed in the House of Representatives. I believe that the project of a department for females is approved by the present administration, but I fear that the exigencies of party will again defeat this most needful and beneficent measure, as they have already once done. By repeated solemn enactments the United States has pledged itself to take care of the insane of the army and navy and revenue service, of the merchant marine, and of the District of Columbia, of whom there are less than one thousand altogether, and the duties of humanity and patriotism require that they should be made entirely comfortable, and surrounded by every condition and influence calculated to restore and maintain the highest health of which they are individually capable. The American people, in their national capacity, are certainly able to make liberal provision for an average of one insane person to forty-odd thousand of population.

You whom I address, have special knowledge and susceptibilities touching the wants and claims of the insane. You appreciate the special responsibilities of the Superintendent of the National Hospital, and the disadvantage under which he labors in being unable to appeal to the members of Congress in behalf of their immediate constituencies, and I earnestly ask you to call the attention of senators and representatives, to the claims and needs of this Institution, which it is their public duty to endow with every means necessary to the fulfillment of its beneficent mission. At an early stage of the enterprise of establishing a National Institution for the Insane, a distinguished senator of that time, encouraged me in my appeals for the means of carrying on the work, by saying to me one day, that he thought Congress was capricious and dilatory, but contained a preponderance of just men, and that if I perseveringly urged the claims of my cause upon its attention, it would sooner or later acknowledge them by the requisite legislation. Long experience after that remark of the senator, con-

vinced me of its essential truth. When I left the Institution less than a year ago, the project of enlarging it by the erection of a separate department for females, was the only one of magnitude (in connection with the Hospital) that I had undertaken and not carried into execution, beyond the attainment of the requisite site, though several years sometimes elapsed between the time of asking and the time of obtaining an appropriation. I hope and believe that my friend and successor, Dr. Godding, with his great ability, suavity and perseverance, will sooner or later have the happiness of achieving this beneficent and needful measure, and of succeeding where I failed.

The Association was called to order at 4 P. M. by the President.

The minutes of the proceedings of yesterday were read and approved.

Dr. Godding from the Committee on Business, moved that the programme for to-morrow be changed so as to visit the Barnes Hospital at the Soldiers' Home, and if the weather be propitious, to go to Mt. Vernon on Friday afternoon, which was agreed to.

On motion of Dr. Morse, it was

*Resolved*, That hereafter, members who desire to read papers at meetings of this Association give notice to the Secretary at least one month prior to the time of meeting, stating the title of such paper, and that the Secretary forward to each member a printed list of those papers two weeks before the time of meeting.

The Association then took up the reports on the condition of, and provision for, the insane in the different States.

Dr. EASTMAN, Massachusetts. I have no extended remarks to make, but I will state that the new buildings of the Worcester Lunatic Hospital which have been in process of erection for several years, were occupied in October last, and at present contain five hundred and fifteen patients. The old buildings, formerly occupied by this Institution, are now occupied by an asylum for chronic insane, in accordance with an act of our last Legislature. The new Hospital at Danvers was to be formally opened for the

reception of patients on Monday of this week, and we have therefore, at the present time, sufficient accommodation for the insane in Massachusetts. A point of local interest to us in Massachusetts is the action of our Legislature regarding proposed changes in the law relative to the management of our Hospitals. Hitherto there have been five trustees appointed for each hospital who were responsible for its management and appointed the executive officers, each institution being entitled to its own receipts from board of patients and controlling its own expenditures. It is now proposed to make a board of nine trustees who shall have charge of all the lunatic hospitals and asylums, the receipts of each institution to be turned into the State Treasury, and an annual appropriation to be made by the Legislature (specifying the particular items of expenditures) for the support of each institution. This proposition was pending when I left and I do not know whether it has been passed or not.\* As far as the hospitals are concerned we think the proposed change will not be advantageous as it will bring the annual appropriation for the support of the institutions into the arena of politics. The only benefit that some of the friends of the change claim, is practically the superceding the Board of State Charities, which is not thought to be an efficient organization.

Dr. SHEW, Connecticut. I have nothing of especial interest to report from Connecticut in addition to the old story of crowded buildings and the necessity of further accommodation, except that we are in the peculiar condition of having the State officers and Legislature pressing upon us the importance of adding to the building, while the Board of Trustees and Superintendent oppose any further extension. Governor Hubbard in his last annual message urged strongly upon the Legislature the importance of building another hospital in immediate connection with the one at Middletown, or near by, to be under the same organization. The committee on humane institutions reported unanimously in favor of such a bill; but the Board of Trustees of the Connecticut Hospital unanimously think it not advisable to build hospitals larger than those which we now have, and the matter rests in that way.

I think, perhaps, at another session of the Legislature, a new hospital will be provided for at Middletown, or in another part of the State. The Legislature stands ready to make the appropriation. There is need for another hospital and the work will be carried forward. We have been making important improvements in the building and grounds, and the Institution is steadily advancing in its usefulness.

---

\* The bill to which this remark applies did not become a law.

Dr. COMPTON. I would like to ask Dr. Shew what number of patients there are in the Asylum.

Dr. SHEW. We have 480 patients. The building is intended for 400. It has seemed to me for many years that a mistake has been made in going beyond the original limit laid down by the Association—one hospital for each two hundred and fifty patients. The more experience I have, the more inclined I am to believe in the advantages of small hospitals. There may be questions of expediency which will warrant States or communities in building large hospitals, but, as a principle, I claim that we should hold to the original proposition of the Association, and when asked by a Legislative committee or by a Legislature for facts, to give them the best principle, and let them act as they may. I might add a word in reference to our State, that it looks to me now as though it would be decided to have another institution entirely distinct, so far as the building is concerned, and when completed, one will be occupied by men and the other by women.

Dr. J. P. GRAY. In New York there have been no new buildings projected, but there are appropriations for the continuation of work on the buildings at Poughkeepsie and Buffalo, and also something towards the completion of the parts already under construction at the Willard Asylum. So that so far as legislation is concerned this year in New York, it has been directed with a view of completing these buildings as far as foundations are laid. The Buffalo institution receives the amount necessary to complete one-half and the administration buildings. There is also an appropriation for the Utica Asylum to continue the work of internal reconstruction and remodeling of the building. That institution has been in existence so long as to require renewal, and the Board of Managers has been from year to year renewing portions of the internal structure, and making such modifications in the course of that renewal as to make the institution conform more thoroughly to the improvements and advances of medical science. There has been no additional legislation in the State. One or two bills were introduced, but they received very little support. I think we can fairly say now that the codification of the laws of the State in 1874, and the experience since in the application of that law, has shown that we do not need additional legislation, either for the protection of society or for the care and liberty of the subject, or any other matters. The law is working satisfactorily in all the institutions.



Dr. A. E. MACDONALD. I have nothing special to report regarding my own Institution. Possibly the members may be interested in learning of something that has been done toward carrying out the views expressed by the Association, as to the opening of asylums for the purpose of educating medical students in the diagnosis of insanity. For the past three years it has been my custom to take patients from the Asylum to the city, not only for my own lectures at the University, but for those of Prof. Gray, at Bellevue College. Last spring I accomplished a further movement in that direction, by prevailing upon the Commissioners to allow me to give a series of clinics within the walls of the Asylum itself. This met with opposition, as improvements of that kind always do, and opposition from members of our own profession, I am sorry to say. One of the oldest and most influential members of the profession said to one of the commissioners that he could not conceive of anything more inhuman than presenting an insane person before a class of medical students. I am happy to say, however, to the credit of the Commissioners, that, in spite of that opposition they authorized me to give a course of clinics as an experiment. I gave four clinics within the walls of the Asylum, and had an average attendance of about eighty, many of whom were practitioners; and in the course of that time some three hundred patients were shown to them. Some of them were brought into the theatre and shown there, and the students and practitioners being also taken into the wards and other cases shown there. In all that time there was no accident or disturbance. The patients did not seem to suffer in any way from it, on the contrary, it seemed to afford them considerable pleasure, and since that time it has been quite a common occurrence on my going into the wards, to have patients ask me when they are going to have an opportunity of meeting those gentlemen again. The experiment was so far successful that I think it is now an established thing. I have just concluded a course of twelve clinics at the University, where I have shown nearly one hundred patients, and as soon as I return I expect to repeat the course of clinics at the Asylum.

The PRESIDENT. We would like to hear from Dr. Strew in regard to the female department of the New York City Lunatic Asylum.

Dr. W. H. STREW. It will hardly be expected at this time that I have much to offer in relation to the condition of things in this Institution, having so recently assumed the duties in charge.

There are some changes in the management of the internal arrangements, and many improvements externally, such as grading, filling up the grounds about the pavilions, which are being repainted, and making a fine airing-court or yard connected with the lodge, where the most violent class of patients are benefited by fresh air and exercise. Also, an additional story on each of the long wings of the main buildings, which is rapidly tending to completion, affording accommodation for about one hundred patients, which, together with other contemplated improvements of our Commissioners, will make everything comfortable and satisfactory.

Dr. C. F. MACDONALD. I do not know that I have anything of special importance to report. Dr. Gray has reported fully respecting the progress and present status of affairs pertaining to the asylums of our State. In regard to the Asylum at Auburn, I may say that the Legislature has appropriated the amount of money asked for to complete the unfinished wards, and also to carry out some improvements and to make the necessary repairs. The Institution is not crowded, comparing favorably in this respect with many others. At present we have one hundred and twenty patients; and when the unfinished wards are completed, we shall be able to accommodate comfortably about one hundred and sixty. The lack of a farm is a great disadvantage to the Institution, as many of the patients who are able and willing to labor, and who would be benefited thereby, are prevented by reason of this want. The question of removing the Asylum to a more suitable site has been suggested, and in view of the fact that the space it now occupies is actually needed by the adjoining prison, and that the buildings thereon could be advantageously utilized for prison purposes, it is possible that this idea may eventually be carried out. By a constitutional amendment recently adopted in our State, the Asylum, together with the several State prisons, passed from the control of a board of inspectors to that of a single individual, designated the Superintendent of State Prisons. This official is the Manager of the Asylum. The new system of government is now in active operation, and thus far the results have been eminently satisfactory to the public. The several institutions as now managed are, I believe, entirely free from partisan influences; everything is working smoothly and to the satisfaction of the taxpayers, as also to the benefit of the inmates and the comfort of those in immediate charge.

Dr. Robert C. Chenault, of Lexington, Ky., said he would like to hear some expression from members of the Association in regard to the separation of the criminal insane in asylums, and thought that some coöperation between the States might be had on that subject.

The Chairman stated that a resolution on the subject was adopted by the Association at its meeting in 1873.

Dr. C. F. MacDONALD. I think there can be no question respecting the correctness of the opinion of this Association, as expressed in the resolution adopted at the Baltimore meeting in 1873; namely, that insane criminals should not be cared for in ordinary hospitals for the insane. I think I stated at the meeting last year some of the reasons which call for separate provision for, and also some of the characteristics of, the criminal insane, particularly insane convicts who become insane while in prison, and who have led criminal lives prior to becoming insane. The vicious propensities of this class do not subside, as a rule, on the occurrence of mental disease; in fact, my experience almost leads me to the conclusion that in some cases sinful tendencies are actually intensified by the event of insanity. I find some patients, having reached a state of dementia, still evincing a disposition to do mischief. The greatest trouble we have, however, is with feigners, who occasionally succeed in getting transferred to the asylum, and whose motive is to escape. It has formerly not been uncommon to have locks picked, window-bars cut and escapes made at night by this class; but we have no escapes in that way now, nor do we expect to have; with the present regulations it is next to impossible for a patient to escape from the wards at night. Patients that are permitted to work about the grounds, occasionally take advantage of the low walls, there being no guards upon them, as at the prison, and effect their escape.

Dr. BALDWIN. I would like to ask Dr. MacDonald if his patients wear a uniform.

Dr. MacDONALD. There is no prescribed uniform nor regulation upon that subject. Our patients do not wear the striped prison garb, but I have adopted a sort of uniform, which consists of a navy-blue flannel sack-coat, or blouse, similar to the United States army fatigue-coat, and pants and vest of grey cassimere. This gives us considerable uniformity in dress, although not all of the

patients wear even this. Unconvicted patients, received in civilian dress, are generally permitted to wear it, but when a convict patient comes with the striped prison garb on, it is removed at once.

Dr. RAY. What proportion is usually sent out to work?

Dr. MACDONALD. We could work as many as fifty per cent if we had proper facilities, and even now, we frequently have forty out of about one hundred male patients, occupied outside of the wards. This includes those who work in the kitchen, laundry, garden, bakery, repair-shops, stable, &c.

Dr. RAY. Have you any enclosure around the grounds?

Dr. MACDONALD. The buildings and grounds are enclosed by a stone wall twelve feet high. Outside of this enclosure we have three acres, which is enclosed by a high picket fence, this is under cultivation, the labor being done by patients, under the charge of an attendant.

Dr. RAY. How many attendants do the patients require, how many patients are there in the charge of an attendant?

Dr. MACDONALD. Sometimes as many as ten patients go out to work in the charge of the yard supervisor; on the wards the average is one attendant to twelve patients.

Dr. RAY. Is there not danger of a conspiracy among the patients?

Dr. MACDONALD. I do not think there is much danger among those who are really insane. We have occasionally had trouble of that kind on the wards, but we have generally found an inmate about whose insanity there was a doubt, at the bottom of it.

Dr. RAY. How many escapes have you had during a year?

Dr. MACDONALD. There were four escapes last year; one of these was a notorious criminal, an ex-convict, and a burglar by profession, whose thieving exploits resembled in many respects, those in the case of so-called "kleptomania," described yesterday. While in jail under an indictment for burglary, he was examined by two general practitioners, and pronounced a case of "moral insanity," whereupon the Court ordered that he be confined in the Asylum at Auburn. During the two months that he was in the Asylum, no evidences of insanity were observed.

Dr. RAY. How did he escape?

Dr. MACDONALD. He was working with the gardener—a new employee—of whom he cunningly took advantage, and escaped over the wall during a rain-storm.

Dr. RAY. I ought to apologize, perhaps, for making so many inquiries, but I was curious to learn how far the discipline of these



criminal asylums had changed from what it was at first. It may be remembered that one of the earliest, that established in Paris some forty years ago, was composed of two circular structures, one within the other with a space between, six or eight feet wide, serving as a corridor on which opened the doors and windows of both buildings. The outer contained the rooms of the patients, the inner those of the officials. The patients were strictly confined to their building, never being allowed to go outside. The escape of two patients every year may not be regarded as too great a sacrifice to make for the privilege of employing the patients out of doors on the open grounds.

Dr. C. F. MACDONALD. I do not think the close confinement system was ever contemplated at Auburn, and I am sure that it is not in operation there now. My aim is to conduct the Institution as nearly as possible upon the same general principles that obtain in the other State Asylums. Of course it is necessary to maintain a little more vigilance and restriction, but I think a considerable amount of liberty and privilege can be judiciously allowed, without interfering with the successful operation of a hospital for insane criminals.

Dr. R. M. BUCKE. You said you had one patient escape, who you did not think was insane?

Dr. MACDONALD. Yes; the man to whom I have already referred. He was under indictment for burglary, but had not been tried. He was sent to the Asylum by order of the Court, as a case of "moral insanity."

Dr. BUCKE. Then you get patients sent to you before they are tried?

Dr. MACDONALD. Yes; our unconvicted patients are persons who have committed offences, and who have either been acquitted or not tried, on the ground of insanity. In New York, the courts have discretionary power, and persons acquitted on the ground of insanity, may be sent to any State Asylum.

Dr. BUCKE. Have you had many patients of whom you had doubts about their insanity?

Dr. MACDONALD. I recollect but two cases among the *unconvicted* patients, including the one I have mentioned, who escaped. Among the convict patients, however, I have had doubts about several who were received from the prisons, and I have returned some of them as not insane.

Dr. BUCKE. How many of them have you returned as not insane?

Dr. MACDONALD. During the last fiscal year, five were returned to prison as not insane.

Dr. BUCKE. Were they persons who had been acquitted on the ground of insanity?

Dr. MACDONALD. No; they were convicts who were serving out their sentences in State prison, when transferred to the Asylum.

Dr. JOHN P. GRAY. I think it proper to make some remarks in regard to the question of the criminal insane. Before the organization of the institution for the care of the criminal class of insane, all the insane convicts, and those who feigned insanity in the prisons were sent to Utica, and also from all the State the cases where insanity was pleaded as a defense and the parties were acquitted of crimes charged against them, on account of insanity. Without having the figures at hand, I think I can safely state that we had as large a proportion who feigned insanity, from prisons, in order to get into the Asylum, as Dr. MacDonald has reported, and as many escapes. When they were sent to us, the criminals, whether they were feigners or real cases of insanity, gave us great anxiety, as all superintendents must know, especially in as large a State as New York, and there were those who were so persistent in their schemes and plans to escape, that it was almost impossible to restrain them in the ordinary Asylums without converting some portion of the Institution practically into a prison; and I can testify that it is an infinite relief to the Institution at Utica to have that class of persons in an Asylum especially organized for their care. In connection with the remark of Dr. Bucke, about the reception in the Criminal Asylum, of persons acquitted of crime by reason of insanity, the law is this, the courts may send them to any State Asylum. It was left thus open purposely, to give the discretion to the court, which would prevent any case of hardship, as a woman being transferred directly to the Criminal Asylum. Suppose the case of a woman who should, in a state of insanity, destroy her child, especially where the person had been of good character. It was thought better to leave the matter open. A case of puerperal insanity and homicide, after recovery takes place, leaves the woman no more dangerous to a community, or to her family, than before, and it seems better, therefore, not to make the law absolute, but to give that discretion to the court. The practical working has been that a very large proportion of those who are acquitted, are sent to the other State Asylums, and, perhaps, more largely to Utica, and after observation they are trans-

ferred by the courts from the general institution to the one at Auburn. This method is desirable, especially in cases where there is some doubt whether the parties are insane or not. Persons who are in jails for crime, and awaiting trial, and are suspected of insanity, the court may summarily examine, with a view of disposing of them before trial, if really insane. Such cases are sent directly to the Asylum at Utica, and then, if not insane, are returned for trial. I think in any State projecting a law of this class, these principles are applicable, and they are found to work well in New York.

Dr. A. M. SHEW. I wish to make one remark with reference to this subject. In 1870 the Connecticut Legislature passed an act that all persons acquitted of crime, or of a charge of crime on the ground of insanity, whether a capital or other crime, should be sent to the State Institution. Since that law went into effect one hundred and eight persons have been sent to the Middletown Asylum. In looking over the list recently I was interested to find that of the one hundred and eight cases, only two were at all doubtful. As you are all aware, the public generally believes that, when a party is acquitted of a crime on the ground of insanity, it is simply a trumped-up excuse. Well, it may be in some States or communities, but I believe it has not been the fact in New England. I am not aware that there have been more than four cases before the courts where the defense of insanity was made, and the patients sent to Middletown during all of the twelve years I have been connected with the Institution, where the persons were not unquestionably insane.

Dr. EVERTS. What proportion of homicides were among them?

Dr. SHEW. Only eighteen out of one hundred and eight, and the others were cases of arson, burglary, theft and various other charges; three cases of obstructing railroad tracks.

The President called upon Dr. Kirby to report for New Jersey.

Dr. KIRBY. I have nothing to say.

Dr. KIRKBRIDE. I am sure Dr. Kirby should not have any modesty in speaking for New Jersey. Although not a citizen of that State, I was born so near it and passed so many of my school-days in it, that I have often been regarded as a Jerseyman, and on one or two occasions, in the absence of our friend Dr. Buttolph, I have taken the liberty to speak for him and the State of which he is one of the honored representatives in this Association. In

regard to the insane, New Jersey has now attained a position of which any State may be proud, having provided first-class institutions, as I believe, for all her insane. If I am wrong in this respect Dr. Kirby will correct me.

Dr. KIRBY. It is really so, except that the State has not yet made separate provision for her insane criminals.

Dr. KIRKBRIDE. I ought to have made that exception. With this exception we may say that New Jersey has made first-class provision for all her insane, thus giving the very best answer to the assertion so often made, that "no State in the Union is able to make proper hospital provision for all her insane in the mode generally adopted." It has been done in at least three other States, and if it can be done in these, or in New Jersey alone, why can it not be in the great States of New York or Pennsylvania, or even the smallest in the Union? I trust the Doctor will give a detailed statement of what has been done in New Jersey for her insane, a record which I regard as most honorable to her.

Dr. MORSE. I will say that I was at Morristown last Saturday, and spent a day with the Superintendent, and that the Asylum there has over four hundred patients. The upper floor has no patients at all upon it, it could receive a great many more. I think the building was intended to accommodate between seven and eight hundred. It is certainly a very fine Institution and in most excellent condition. Dr. Buttolph told me he would not be able to attend this meeting, and probably should not be able to be here at any of the sessions.

Dr. KIRKBRIDE. I would like to say a few words more in regard to New Jersey, and especially in reference to the new Hospital at Morristown, to which Dr. Morse has referred, and about its great cost, of which so much has been said by the advocates of cheap receptacles for the insane. A large amount of money has certainly been expended there, but no one, familiar with hospital matters, can pass through it and examine its very complete arrangements without seeing why this has been, and what there is to show for it. Large as the cost has been, I believe the citizens of the State are really proud of it. I am sure they ought to be, and the taxpayers, as usual, are not the people who object to the cost of these charitable institutions, when the money is faithfully expended. I say this for the encouragement of those who have much to do, and wish to do it well, for I have a firm conviction that the people, sooner or later, will appreciate all our efforts in this direction. In regard to Pennsylvania I may say, that while the good cause



is gradually progressing there, it is not doing so, in all respects, as one could desire. Under the law passed last year for the erection of a new hospital for the south-eastern section of the State, the commission, after a long delay, is now proceeding with the erection of a building near Norristown. From the beginning there has been, apparently, in this commission, a disposition to have something different from what has generally been adopted by this Association, and to ignore in a great measure the convictions of those most familiar with the care of the insane. As a consequence of this, they are now going on without any central building, without any efficient plan for ventilation, without any separate building for but one sex of the excited patients, and with eight distinct buildings, one hundred feet from each other, besides many other deficiencies which can only be remedied, as it is to be hoped they will ultimately be, by a large addition to the first cost of the Hospital. In regard to the other State institutions, Dr. Curwen can speak for that at Harrisburg, and Dr. Schultz for that at Danville. With respect to the Hospital at Warren, there is a reasonable hope that it will be ready to receive patients in a little more than a year. It will be a first-class Hospital, fire-proof in every part and provided at a very reasonable cost. It is pretty sure to be creditable to the State. In the city of Philadelphia I am sorry to say the condition of the insane poor is about as bad as it can well be. The simple fact that twelve hundred patients are confined in apartments intended for only one-half that number, is enough to convince any one here of the mode in which that class is provided for in that great and prosperous city.

The new Hospital for the south-eastern district of Pennsylvania is not likely to give any material relief to Philadelphia, for by the time it is completed, the natural increase that will have taken place will about fill every apartment that will be assigned to it. In fact an entirely new hospital for one-half the insane now in the Almshouse is the only plan that can give relief or be at all creditable to Philadelphia.

DR. GRAY. I would like to ask whether in that new Institution the eight buildings separated in that way are separated from each other absolutely, or have corridors connecting with each other and with the main or administrative building?

DR. KIRKBRIDE. It is proposed to accommodate one hundred patients in each building, and they are separated by a distance of one hundred feet from each other. They are two-story buildings.

Dr. KIRKBRIDE. There has been no progress in the matter of providing buildings for insane criminals in Pennsylvania. A commission was appointed by act of the Legislature, and that commission made a report and gave a plan for a hospital for insane criminals, but no action has been taken by the Legislature in regard to it.

The PRESIDENT. The remark should be made in this connection, if at all (and it is to me an interesting fact, because it seems to be an effort in the right direction), that the new Hospital for the south-eastern counties of Pennsylvania was intended to take the insane of Philadelphia, to take the poor insane of that district out of the municipal care, which I think is very desirable. I am very sorry that this first effort seems likely for the present, if not to miscarry, to have its complete success more or less postponed.

Dr. CURWEN. Dr. Kirkbride has covered the ground pretty freely, and I can only add a few words. We are making extensive alterations in the Hospital at Harrisburg, which is an old building of twenty-seven years' standing. We are improving the internal arrangements, and propose continuing them during this year, so as to have the building more thoroughly in accordance with the present views of construction of institutions of that kind. In relation to the Hospital at Warren, about two weeks ago the Legislature made an appropriation to enable the Commissioners to put the whole building under roof. It is expected, also, that the appropriation will cover the expense of the heating apparatus, water-works, gas-works, and advancing the works to such an extent that patients can be received in the course of the year. The building is strictly fire-proof, as Dr. Kirkbride has said.

The PRESIDENT. What will be the entire cost of the building fully ready for occupancy?

Dr. CURWEN. About \$900,000.

The PRESIDENT. With accommodations for how many patients?

Dr. CURWEN. It was designed originally for 400, but crowded as the Hospital at Harrisburg now is, it will easily accommodate 600.

The PRESIDENT. That would be a cost of about \$1,500 a patient?

Dr. CURWEN. Yes, sir.

Dr. SCHULTZ. In regard to the State Hospital at Danville, the only information of interest that I can give is, that the last portion of the building under roof will probably be finished this present year, and the Hospital, which has been building since 1869, will be completed.

The PRESIDENT. What will be its capacity when full?

Dr. SCHULTZ. Three hundred and fifty of each sex.

The PRESIDENT. How much will it cost when completed?

Dr. SCHULTZ. About a million dollars, and that pays for everything, not simply for the Hospital building proper, but also the land, water-works, gas-works, grading roads, fences and farm buildings.

Dr. C. F. MACDONALD. Does it include the furniture?

Dr. SCHULTZ. Yes, sir; it includes the furniture also. Of course, the first half of that expenditure was made during the inflation period, and was, therefore, from forty to fifty per cent above present rates. There is one point in connection with the Hospital in the eastern part of the State that I will refer to, because I think it would save a great deal of trouble if it could be done in every case where an institution is to be built; and that is, that all the money required should be appropriated in the first place, and so much of it should be available every month. This would save a great deal of annoyance and waste, resulting from the interruptions of work and uncertainties attending fragmentary appropriations.

The President then called on Dr. Thomson, of Maryland, who responded as follows:

Dr. THOMSON. Dr. Gundry and Dr. Stokes being absent, I will say a word in regard to the two principal Insane Institutions of our State. Most of the members are aware that there has recently been a change in the office of Superintendent of our State Asylum at Spring Grove. Owing to some misunderstanding between the late Superintendent, Dr. Conrad, and his Board of Directors, Dr. Conrad recently resigned his position, and Dr. Gundry, of Ohio, has been appointed to fill the vacancy. Dr. Gundry tells me he will take charge at Spring Grove within a week or ten days. That Institution, built to accommodate two hundred and fifty patients, is now full to its utmost capacity, and a movement is on foot either to enlarge the present building or to erect additional quarters (cottages) outside. In regard to the Institution with which I am connected, the Mount Hope Retreat, we are moving on quietly in the even tenor of our way. We are full almost to overflowing, having considerably over three hundred patients at this time. We have now in course of erection, as an addition to the main building, another wing, which will be completed this fall, and increase our capacity at least one-fourth. Our Institution, as most of the members are aware, is conducted on a very different plan from

that by which State institutions are regulated. With us the entire management and control is vested in the Sisters of Charity, to whom the buildings and extensive grounds belong. The Sisters do all the executive work, provide all that is needed, and employ Dr. Stokes and myself to conduct the medical branch of the work for them. Our duties pertain solely to the medical and hygienic department. Our views and instructions are carefully sought and faithfully carried out by the Sisters. With some disadvantages, which the members will appreciate, an experience and observation of six years has strongly impressed upon me some very decided advantages in this mode of conducting an insane asylum; chief amongst these advantages is our admirable system of nursing, which is so intelligently and conscientiously done by the good Sisters themselves.

Dr. R. F. BALDWIN, Virginia. Since I had the pleasure of meeting you two years ago, I am happy to say that we have completed and occupied a most admirable building for the accommodation of 78 female patients and their six attendants; and as I am sure of the interest the Association feels in enterprises of this kind, I will describe the building in some detail. Our Asylum is arranged on the plan of detached buildings, and the addition I speak of stands at a distance of 24 1-2 feet from, and is to be connected by a covered way with, that portion of the female department which is farthest from the center building. Being thus at a considerable distance from the central steam-heating apparatus of the Asylum, it was necessary to provide it with heating appliances of its own. It depends, however, on the central supply for gas, cooking and laundry purposes. It stands upon a basement containing entrances to the first floor, heating apparatus and storage cellars. Over this are three complete wards, surmounted by a well-ventilated attic, which insures the proper temperature of the third story. Each ward has a dining-room, pantry, dressing-room, two sets of water-closets and two bath-rooms in different parts of the ward, two linen-closets and one room for two attendants. It has one associate dormitory, for eight beds, 27 1-2x17 1-2 feet, one for two beds, and fourteen single rooms, 7x13 feet, with one exception. It has one main corridor, 110x12 feet, with a height of 12 feet, with three large windows at each end, extending from ceiling to floor. There is on each floor another corridor, 23x6 feet, which separates three of the single rooms from the rest, so as to provide for the seclusion of noisy patients. The two corridors are separated by a wide passage and stairway, which adds to the degree of



isolation. Another stairway at the other end of the ward affords access for officers and for all who have the work of the house to do. The corridors being large, roomy, well lighted and well ventilated, will be used as day rooms, so that the patients can be constantly under the supervision of attendants. An iron wire-guard is put up across each corridor, at the distance of three feet from the northern end of it, so as to allow the windows to be raised to their full height. At the southern end these guards are twelve feet from the windows, the intervening space being intended for conservatories. The entire building will be heated by a low-pressure steam apparatus, partly by direct and partly by indirect radiation. The ventilation is done by the apparatus successfully used in the Academy of Music, in Baltimore, by the architect, Mr. J. C. Neilson. "The principle employed is that of exhaustion from two towers in the roof, which differ from any other outlet for foul air in this, that while they allow everything to pass out, they absolutely exclude all entrance. The least difference in temperature establishes an outward current, and empties the building promptly of its atmosphere. There are check-valves in all the air-passages, by which it can be regulated at will." Each room has an *opening into the corridor near the ceiling*, which insures perfect ventilation and avoids the objectionable feature of transoms as means of escape for patients, and the water-closets have flues opening into the main smoke-stack. The window-sash are all hung, and are protected by a strong outside wire-guard, securely screwed into the frame. The violent patients have their windows guarded by a strong inside wire-blind, a single shutter, locked with same key as the room door. The building is solid and substantial, and of the best hard-burned brick, which were made upon our land under supervision of the steward, Mr. S. A. Hashour, and delivered to the contractors at a cost of \$6.00 per 1,000. Owing to the nature of the site, the basement is very high, ranging from nine to fourteen feet. This added somewhat to the expense, but it gives a commanding view of the city and the picturesque country around it, diversified by mountain, hill and dale. I have never walked through wards more airy and full of light and sunshine, and I am truly thankful that we have secured, at so moderate an outlay, such a home for our insane, many of whom have been for a long time the inmates of jails. The cost has fallen below \$400 per capita, that being the estimate upon which the Legislature granted an appropriation of \$80,000 for the enlargement of the two asylums in Virginia.

Turning now to a subject of more general interest to the Association, I am glad the matter of mechanical restraints, in regard to which there has been in some quarters severe criticism, received so much attention at the meeting in St. Louis, and has been so fully discussed in annual reports since that time. It is well that the subject has been thus brought prominently forward, as I am sure that the more thoroughly the workings of our institutions are understood by the public, the more highly they will be appreciated. Of course, this mode of treatment should be kept solely under medical supervision, and it must be the wish of every Superintendent to reduce its use to a minimum, and to make it, when necessary, as little objectionable as possible. In this connection, I will show you here a photograph of a crib which we use in our female department. The lids and sides are secured with woven wire, the bottom being a movable slat-frame. A most comfortable bed can be made upon this frame, and the crib is the least objectionable mode of restraint which we have seen for such patients as will not voluntarily remain in bed. The best bedstead which we have used heretofore was an iron one made in our neighborhood. It had, however, some objections to it, which have been removed in the pattern we now use, of which I have been requested by the manufacturer, Mr. Schopperl, to show you this photograph. It is all made of the best hammered iron. It has two center legs to prevent sagging, and can be secured to the floor if desired. I also show you a *glass medicine cup*. We formerly used English earthenware, but that was expensive, each cup costing a shilling. We determined, therefore, to try glass, but found considerable difficulty in getting them made. The mold cost \$20, and, including this, the cups are manufactured by the "La Belle Glass Company," Bridgeport, opposite Wheeling, at a cost of seven cents each. When the mold is furnished, they will cost five cents, and we will cheerfully offer the use of it to any member of the Association who may wish to have the glass cup made.

THE PRESIDENT. What is the cost of your new building?

DR. BALDWIN. It cost as it stands, about \$333 per patient.

DR. KIRKBRIDE. Dr. Baldwin, have you a ground plan of your building with you?

DR. BALDWIN. Yes, sir; I have, and I have also a full plan, both of which I would be glad to show the Association.

DR. H. BLACK, Virginia. We have in the State about seven hundred patients provided for in our Asylum, and about two hundred and twenty-five not provided for of the white population.

In the Asylum for colored people there are about two hundred and fifty patients, and about seventy-five not provided for. As heretofore stated to the Association there was an appropriation made in 1876 of \$80,000 to enlarge the two Asylums, the Eastern and Western Asylums, \$40,000 for each. But owing to some financial embarrassment in the State only \$10,000 dollars of this sum has been paid to the Eastern Asylum, which has been expended in material which is ready to use as soon as the balance of the appropriation is received from the treasury. We have saved at the Eastern Asylum some \$15,000 in the last two years from the general account fund by strict economy, about \$10,000 of which has been expended in the erection of a kitchen store-room, in the place of the building burned down in 1876. Consequently we have not been able to use that fund for completing the building for the patients, as soon as that money is received we will be able to provide for one hundred patients more in the Eastern Asylum. Last winter at one session of the Legislature a committee upon retrenchment and economy was appointed on account of the financial embarrassments of the State, and they investigated every department of the government with a view of curtailing the expenses, and they did so very rigidly, but I am pleased to say that there was no proposition made to diminish the appropriations to the asylums. The people are in sympathy with us and they are willing to appropriate enough for the support of our patients. So far as the colored insane are concerned they are still using rented property. It is the intention of the State to build a separate asylum for them, as soon as it can be done.

Dr. T. B. CAMDEN, West Virginia. I believe I have nothing particular to report more than an overcrowded condition of our Hospital. There are at present four hundred and seventeen patients in the Hospital. You may remember that it was intended to accommodate not more than three hundred when fully completed and it is now only one section beyond half done. There is at present a great pressure for admission, and petitions, threats and appeals are in turn tried to get patients into the Hospital. There are seventy applications for admission and I have to answer "no room," I tell them that it is not my fault that there is no room, and try to place the responsibility where it belongs, on the Legislature. I have been suggesting that a tax of five mills on the hundred dollars worth of property be laid, and to let it run until the Hospital is finished. The appropriation for construction was defeated at the last session of the Legislature by two votes. I

think if the subject had been discussed longer before the Legislature an appropriation would have been made. I think there will be next session. All the colored insane of the State are amply provided for. We have eighteen of this class. They are in a separate building, and we have colored attendants for them.

Dr. WM. M. COMPTON. Mr. President, I have no important news from Mississippi. We are getting along very well about in our same old style. We have opened another new wing with a capacity for eighty patients, at a cost of about \$49,000. The capacity of our Institution is now four hundred and twenty-five. It is crowded, with perhaps thirty or forty applicants on our books pressing us. I regret to inform the Association that during the past winter an epidemice of emotional insanity seized upon one of the houses of our Legislature (the senate) and they did not get any better until they appointed a new superintendent, and that seemed to relieve them very much, and since then everything has progressed very well. My successor, Dr. Mitchell, I should have been glad to have brought here and introduced to the Association, because he is a most excellent officer, but I hope he will meet you next year.

Dr. J. H. CALLENDER. I have nothing encouraging to report. Our Legislature affords us ample sustenance for our Institution (the only one we have) and vote liberally. The State, after projecting two additional institutions, was compelled by force of circumstances to abandon the purpose of erecting them at present; and owing to the embarrassed condition of the State finances, and the general depression of business, and the struggle with the large State debt, it is abandoned indefinitely, I suppose. I take occasion to remark, however, that there is no lack of interest in or sympathy with the insane, or want of desire to provide amply for them by the people or the General Assembly. The failure to provide the means is wholly and solely from the cause I have suggested. My own Institution is full always to its utmost capacity. I have endeavored to prevent its being crowded, thinking we could accomplish more good by having a certain number, relieving it from time to time by discharges through recovery and improvement, than by overcrowding the Institution. That is the policy I have adopted within the last three years, since it became evident that we could not have more complete accommodations. I have now in charge about three hundred and eighty patients of both classes and both colors. The colored insane in my State are accommodated in a very commodious structure separate and apart



from the main building, apart from the whites, and we hope at no late day to carry out all our anticipated improvements and additions.

Dr. R. C. CHENAULT, Kentucky. I can only say in regard to our asylums that we have been gradually trying to improve their condition. The one with which I am connected being one of the oldest Institutions in the country, and was considerably out of repair when I took charge of it, and the Institution was in debt. That was some three years ago. Since that time we have made many improvements and, among them, I may mention the building of a large reservoir for water, which was sometimes in dry seasons very scarce, and we have tried to make accommodations for all the insane in the State. We have, as you are well aware, three asylums in the State, with accommodations for about fifteen hundred patients, including white and black. We have made provision for the colored insane so far, at only two of the asylums, the one with which I am connected, and also the Central Asylum. The Legislature last winter made an appropriation to build an asylum for the colored insane, also, at the Western Asylum, so that each section of the State might accommodate its own colored insane; and on account of the accumulation of chronic harmless incurables in all of the asylums in the State, the Legislature saw fit to pass a law this present winter, the winter of 1877-78, to relieve the asylums of that class of patients, and temporarily, at least, to make provision for them by sending them to their homes, where they must be passed upon by a commission appointed for the purpose, consisting of the superintendent and two of the board of managers, and sending the harmless ones to their friends, or to the counties from whence they came, and paying one hundred dollars per annum for taking care of them; so that all the cases that really needed treatment, and might be benefited, could be taken into the present accommodations. I believe that is about the real and actual condition of our asylums. The State appropriations made have been sufficient. There has been no complaint made against the appropriations, and the desire of the people of the State, seems to be to care for all the insane of the State, as well as possible.

The PRESIDENT. Where are your criminal insane?

Dr. CHENAULT. They are in the different asylums of the State. I have five or six homicide cases in my Asylum, and you will find the same thing probably in the other asylums.

The PRESIDENT. What is the number of patients in your Institution?

Dr. CHENAULT. We have six hundred in the Eastern Asylum.

The PRESIDENT. And accommodation for about fifteen hundred in the State?

Dr. CHENAULT. Yes, sir.

The PRESIDENT. It is well known to the Association that Dr. O. P. Langworthy, one of the Trustees of the State Asylum for the Insane, of Louisiana, is present, and not the Superintendent. The Association would be glad to hear from him.

Dr. LANGWORTHY. I have a report from the Superintendent in the shape of a note written to me, and I will say that he is absent on account of his being compelled to remain at home and supervise repairs to the Institution, which are now going on there. He was Superintendent of the Asylum when the Board was appointed by Governor Nichols, and the Board found the Institution in a very impoverished condition, and in debt some \$40,000, and of course they could not do as much as they would. The first appropriation under the present administration, was only \$25,000, and it barely paid the necessary expenses of the Institution. Last winter in answer to our appeal to the Legislature, they made an appropriation of \$40,000—\$25,000 for current expenses, and I forget the division of the remaining \$15,000, but there were \$8,000 for repairs, and the remainder was for clothing and furniture. Clothing was very much needed by the patients. I have the first annual report made by the present Board at my room, and I will put it in the hands of the Secretary before we meet again. The note from the Superintendent to me is dated April 29, 1878, and with the permission of the Association I will read it. "I send the copies of our last report. We have on hand, at this time, two hundred and four patients. These are in the City Asylum, New Orleans, one hundred and fifty; in the Retreat, New Orleans, seventy-five. I think that there are at large and confined in jails waiting for admission about one hundred. The number sent to asylums in other States is not known. Taking the number of insane in proportion to the population of other States, we have about one thousand in our State."

I would say in regard to the Asylum, that we made an application to the Legislature for an appropriation for an addition, so that we could treat the increased number of patients, and we proposed to build cottages for that purpose. We have large grounds, and we have a fine main building that was built before the war. The fencing and a great deal about the outer buildings are out of repair, and we have no money to attend to them, and the Legisla-

ture gave the best assistance it could in the present financial condition of the State, it being deeply in debt. But we propose, as the present board will undoubtedly continue during the term of Governor Nichols, (four years from the date of his installation) without incurring any more debts, yet as fast as we can, to improve the Asylum and enlarge it. I think the time will come when an institution will have to be erected in the northern part of the State, about Alexandria or Shreveport. As I was visiting the North, I told Dr. Jones I would attend the meetings of this Association and represent him as well as I could. Under the present law of our State, in order to remove the Superintendent, the Board of Administrators (as we call them) must make a charge against him of some kind, either of dishonesty or incompetency, and consequently, as we have nothing of that kind against Dr. Jones, he is there and will be there, I presume, as long as this board remains, and as long as that law exists, because he is an efficient officer, and I am very sorry he can not be with you.

The PRESIDENT. I think it must be the unanimous feeling of the Association that your report is a very satisfactory one, and we all bid you God-speed in your endeavor to improve and enlarge your Institution. It is generally understood to have labored under great difficulties for some years.

Dr. LANGWORTHY. I will add that we have three physicians on the board now. Under previous administrations, there were two or three freedmen, and nobody was on the board except those not at all interested in the welfare of the Institution.

Dr. D. R. WALLACE, Texas. Much might be said in regard to the Asylum in Texas, but just how much of this would be of any interest to this body I do not know. Not much given to form, or to doing things because somebody else has done the same thing, or to occupy a certain amount of time with a speech with no particular object in view, but merely to talk to be heard, I shall have little to say, as there is little to be said to any purpose. If I knew just what the Association wants to know in regard to Texas, it would afford me pleasure to communicate it. I may remark, coming as I do from an extreme Southern State—the matter having just been spoken of by others—in regard to the colored insane of Texas, it is the policy to admit all who apply, and this for three reasons: First, because poor, ignorant and less capable of taking care of themselves or each other; second, because not numerically as well represented in the Asylum as the white race; and third, because the State Government being in the hands of the Demo-

crats, care is exercised to give the Republicans no cause to complain, or to work upon the prejudices of the colored people. We have been trying to isolate the races, but, owing to the crowded condition of the Hospital, with only partial success. Female patients, being more excitable, have to be entirely separated. No difficulty in keeping the males together in the same ward. In regard to additional accommodations, it will be remembered I mentioned last year at St. Louis that I thought our Legislature in a humor to make the necessary appropriations to finish up the present building in accordance with the original plan; which done, there would be room in our Institution for about six hundred. There has been no meeting (our Legislature convening biennially) since the meeting of the Association, and, of course, nothing has been done. The Board of Management has made some alterations and additions, by which twenty-eight or thirty additional patients can be accommodated.

Dr. LANGWORTHY. Dr. Wallace has referred to the admission of colored patients in his State. I will say that they are receiving the same attention in Louisiana. They are few, and are put in the same wards with the white patients. In regard to out-door work, I would like to say this: our garden is pretty much cultivated by patients, who raise the necessary supplies for the table, and that saves us considerable expense; and we have mechanics, and wherever they can be made useful, our Superintendent is diligent in giving them work to occupy their minds. I visited Dr. Gundry in Columbus last week, and while there attended a ball given for the benefit of the patients, and witnessed other amusements gotten up for their benefit, and I desire to say that I think it is a very beneficial feature. We have attempted nothing of the kind ourselves as yet.

The PRESIDENT. I should like to inquire whether either of the gentlemen who have spoken from the neighboring States, could give any information in regard to what is now being done in Arkansas. A proposition was made several years ago to establish an institution there, and a commission visited me here in Washington to make inquiries.

Dr. COMPTON. I can say this much on that subject: I met Dr. Hooper last year, and he had made a very good report after having finished his tour. He visited hospitals year before last, and made a very readable report to the Board of Trustees. But the appropriation originally made was only \$50,000, and plans and specifications which he carried back with him from his investigation,



indicated that the \$50,000 dollars was far too small a sum to commence work on, and the Board of Trustees, or Building Committee, declined to adopt any plan that would require any more than \$50,000 to complete it. There, I think, the matter rests. The \$50,000 is still appropriated and still unexpended. I do not know that any recent legislation has been had on the subject. I have reason to know that Arkansas needs an asylum, from the number of applications I have received in Mississippi from parties in that State. These we have been obliged to refuse, because we are already full of our own insane.

Dr. WALLACE. I received a letter a few weeks since from Arkansas, which illustrates the subject. A gentleman wrote to me asking my advice as to the best place in Texas to settle, assigning as a reason why he desired to leave Arkansas and come to Texas, that his wife was insane and there was no hospital in his State. I advised against the move, assigning as a reason that ours is not a good State for lunatics.

The PRESIDENT. In our dense populations at the North, it has not been very uncommon for families to remove from one municipality or State to another, in order, after gaining a legal residence, to put an insane member of the family into an institution that happened to be preferred at the time. There is now a patient in the Government Hospital for the Insane whose widowed mother is said to have gained a residence in three different States, in order to have her son taken care of in those States respectively, thinking that each State in turn had a better institution than the last. Finally, she brought her son to the District of Columbia, and procured the passage of a special act of Congress admitting him to the Government Hospital for the Insane.

Dr. BUSEY, Missouri. In the absence of the Superintendent, Dr. Catlett, I have to report that our Institution is in a prosperous condition. We have at present one hundred and three male and eighty-six female patients, making a total of one hundred and eighty-nine patients. We have room for the accommodation of thirty-five or forty more patients, not to exceed forty. Besides this, I have nothing of any particular interest to communicate, except the question has been agitated by our board as to the propriety of appropriating a part of the center building for the accommodation of patients, in the event it becomes necessary.

Dr. REYNOLDS, Iowa. The Iowa Hospital for the Insane, at Mt. Pleasant, with a capacity of about four hundred, now contains

from six hundred and thirty to six hundred and forty patients. The Hospital at Independence has three hundred and fifty patients, with four new wards about ready to be occupied. When these are ready, they will be used to accommodate patients from Mt. Pleasant. There has been no special legislation in Iowa during the past year in relation to insane hospitals, except to reduce our subsistence to \$16 a month per patient; we can not exceed that sum. Heretofore we were allowed to use any sum not exceeding \$50 a month.

Dr. KEMPSTER, WISCONSIN. The principal subject that occurs to me, that will be of interest at this time, is the fact that at the preceding meeting of the Legislature provision was made for the revision of the laws of the State, and at the last session of the Legislature further provision was made for the adoption of the revision. In the revision the revisers have changed the law relative to the trial of persons who are charged with crime, and in whose behalf the plea of insanity is interposed. Now, a person who is charged with a crime, and in whose behalf the plea of insanity is interposed, is to be first tried before a jury on this issue. If it is found that the person is insane, he is then committed to one of the State institutions. If, on the contrary, he is found to be sane, the trial is to proceed before the same jury, and the question of insanity is ruled out. We attempted to get some further provision for the insane of our State last winter, and while we did not get exactly what we wanted, a law was passed which, in some respects, is peculiar, and I doubt whether it will be thoroughly adopted by the several counties of the State, although I think that perhaps one or two may go on to adopt the revised law. In brief, it is this: that whenever the Board of Supervisors of the county shall deem it expedient, they shall report to the Board of State Charities that they desire to have an institution put up for the care of the chronic insane of the county. The State Board of Charities, if they shall find it a proper thing to do, are to devise plans, &c., and to make such suggestions as they see fit. After the plans have been adopted and the sites selected, and both approved by the Governor, the building may then be commenced, and providing that it does not cost more than \$600 per capita, the State is to pay for one-half of the cost of construction. After it is constructed, the law authorizes the Secretary of State to compute the average cost per capita for the care of the insane of the State institutions, and eighty per

cent of that amount is to be paid over to the county institutions for the care of the chronic insane. There are many other provisions, but I will not enumerate them. It was gotten up by parties interested in having institutions in certain localities, and the recommendations of this Association were not considered in the provisions of the bill, as the suggestions I have made will imply. I understand that two counties have taken steps to build under the provisions of this law. With what result, of course, remains to be seen. I must say that it seems to me to be an unwise step. We are getting along well. Our institutions are crowded, but appropriations have been made for their maintenance, and we have no reason to complain of any lack of means.

The PRESIDENT. What do you do with your chronic insane?

Dr. KEMPSTER. There are some in the two State Institutions, and there are a number in the State prison. There is no special provision for them.

Dr. BOUGHTON, Wisconsin. Nothing of interest has transpired during the past year in reference to the State Hospital, at Madison, and the change in the law has been fully reported.

Dr. PALMER, Michigan. I have nothing special to report. The Eastern Asylum for the insane is now completed, and will be ready and furnished by the 1st of July, which will give us an additional capacity of about four hundred and fifty beds.

The PRESIDENT. How many are accommodated at Kalamazoo?

Dr. PALMER. We have seven hundred patients at Kalamazoo. It is too full. Five hundred and fifty is the number we should have; we can accommodate that number without any trouble.

Dr. CLARK, Canada. Mr. President, so far as the Toronto Asylum is concerned, it is overcrowded in the same way as many other superintendents have certified to, but not to the extent that many have mentioned here. I have six hundred and seventy patients on an average, and my accommodation is for six hundred and sixty without overcrowding. There have been no changes in the Toronto Asylum, except internal improvements for the past two or three years. It is partly a pay Asylum and partly an Asylum for free patients. The maximum sum for paying patients is six dollars and from that down to one dollar a week; the receipts were \$25,000 last year, but this year they will probably be \$30,000 from paying patients alone. I am not enamored with the system of having pay and free patients in the

same institution. I think it is better to have them separate. We will require manipulation for an institution of this doubled-barreled kind to be a success, that would not be required in an institution entirely free or entirely paying. Dr. Wallace, who was with us last year, has an Asylum at Hamilton containing two hundred patients. Those were quiet and chronic cases sent there from other asylums. The Government is adding two wings to that Asylum this year, which will accommodate three hundred patients more, making five hundred in that Institution when completed, and including acute cases as well as chronic. The Dominion Government of Canada, which represents provinces the same as your Senate does a collection of States, had an Asylum at Kingston under the charge of Dr. Dickson. This Asylum was intended at first for the criminal insane only, connected with the Kingston penitentiary, but there were only twenty-five or thirty patients of that class that required accommodation, and the capacity of the building being for between three and four hundred, the balance was occupied by the patients belonging to the Province of Ontario. That Province paid the Dominion government about one hundred and forty dollars a year per capita for the support of those patients. During the present year the local government (our State government you may say) has purchased that property, and now under Dr. Dickson it becomes an Asylum of the Province. The penitentiary authorities, or the Dominion government have erected a wing within the penitentiary ground, and have removed from thirty to thirty-five criminal patients to the penitentiary, and the penitentiary surgeon looks after them. When the additions at Hamilton and the wings that are proposed to be added to the Kingston Asylum, and the projected cottages at Dr. Bucke's Asylum are finished, we will have plenty of room for our insane for years to come. We have about twenty-five hundred to three thousand insane in the Province of Ontario, the population of the Province being about two million. In regard to our system of asylum government I might say this, there used to be a Board of Trustees the same as I find existing in many of the United States, but since the confederation in 1869, there has been only one Inspector appointed in Ontario who is a government servant, a permanent officer. In fact all our government officers are permanent appointments, during good behavior. This government officer is responsible to the government only. He is inspector of prisons and charities including of course asylums.



We find this plan to work very well indeed, and I do not think there will be any disposition on the part of superintendents or of the people to change that method of conducting our institutions, for it has been found to do better than the old system. The government supplies us with all the funds we require directly from the public chest. There is no local taxation in counties or in townships for asylum purposes, but all accounts that we receive for these purposes are drawn directly from the public exchequer. The government being responsible to the people is therefore held liable for the proper disbursements of all funds drawn through this officer for public use, and we are responsible to the government through him for the efficient administration of our institutions. I can not now say anything about the other Provinces. There is a small Asylum which has been started in British Columbia. They have a sort of Asylum and prison combined in Manitoba, erected about two years ago. I can not say much about the Quebec Asylum and the one in New Brunswick. At Halifax, N. S., Dr. DeWolf has resigned and Dr. Reed has been put in his place only a few months since.

Dr. BUCKE, Canada. I have six hundred and ninety patients. Since this time last year I have opened two additional cottages, with a capacity of sixty beds each, and in a few months more I shall open the refractory asylum, which will give me a total capacity of something over nine hundred beds. The Asylum consists of five buildings, the main asylum, the refractory asylum and three cottages. We have one hundred and eighty patients in the cottages. These patients are not under any restraint whatever. They come and go all day long just as they please, the same as if they were sane people. So far the cottage system has worked admirably; it has given no trouble whatever. The buildings are comparatively inexpensive; they cost about one hundred and twenty-five dollars per patient. The patients like them far better than the main buildings. The cost of maintenance of patients there is somewhat less than in the main building, because they receive very little attendance. To the three cottages of one hundred and eighty patients, we have three attendants in each of two, and four in the center one, in which the cooking is very largely done. We therefore have one extra employee there, a woman cook. In each of the three cottages there is a head attendant, the chief attendant of the center one has general supervision of the others, and all the reports, orders and direc-

tions go and come through this one man, who is a very competent person. The refractory asylum I expect to open in the fall. How it is going to work to have the refractory patients separated from the rest I do not know.

The PRESIDENT. The three cottages are occupied by the quiet chronic cases?

Dr. BUCKE. Yes, sir; by quiet incurable cases.

Dr. KIRKBRIDE. I should like to ask Dr. Bucke why these patients who come and go at will, and who give no trouble should be in the asylum at all; why should they not live at home.

Dr. BUCKE. Well, they are manifestly insane, very insane some of them, and I do not think it would be at all safe to leave them at home; many of them have strong delusions which would make them dangerous to their own people, and they are not capable of carrying on any business. There is not one among the one hundred and eighty who could carry on any sort of business, or conduct his own most simple affairs. If they were capable of taking care of themselves at all, they would be sent home, but they really are not. But still they will stay about there, and many of them you could not drive away, and if you should take them away any long distance, I believe they would come back. They are perfectly satisfied there. Very early in the spring we occupied a new cottage and sent patients there from the new asylum. Well, of course, we had to bring some back again, they did not like the change and they misbehaved themselves and we sent out others in their place, until we got thirty men and thirty women who seemed to like the cottage and behaved themselves, and on the whole we remarked a material improvement in the condition of these incurable patients. They acquired more self-respect, and apparently more self-control, and did better in every way in a cottage than when in the main building.

The PRESIDENT. Do you have male and female patients in the same cottage?

Dr. BUCKE. We have one cottage for males and one for females, and in the center cottage there are both males and females.

The PRESIDENT. How far are these cottages apart?

Dr. BUCKE. The three cottages form an equilateral triangle, and each side of the triangle is about fifty or sixty yards long.

Dr. KIRKBRIDE. I should like, also, to ask whether you do not think that persons who would be dangerous at home, would also be dangerous in going out into the community at pleasure; and

also, whether you find any inconvenience from having insane men and women, with all these privileges, living in the same building?

Dr. BUCKE. As regards the first question, the patients do not go out into the community at pleasure at all; they do not go out into the community at all, unless they get special leave. We do give some of these patients leave to go to town, but that is a very rare thing, and very few of them ever ask it. The most of these cottage patients are working men and women. The women do sewing or knitting, and the men work in the gardens and on the farm. As regards the second question, of course that is a matter that has caused me some thought and care, but I do not believe it is going to be any trouble whatever. There is no tendency, I think, to any evil, and no likelihood of any evil resulting from the sexes being confined in that way in one building, with liberty to move about at will. There does not seem to be any tendency to mix. They are tolerably well observed; there is always somebody about, and there is no tendency apparently to become intimate. A great many of them are very old, and so far, I have not seen any evil or likelihood of evil from that cause.

Dr. GUNDRY. I do not wish to enter into a discussion of this particular question, but I ask, is it right to call things by wrong names? A cottage means a residence for two or three people—for one family. Sixty people make rather a large family. Why not, therefore, come down to the naked truth and call them blocks, or anything else which gives an idea of what they are? Of course, I do not refer to Dr. Bucke's or any body else's use of the word. I object because it is the introduction of a word into our language and into our specialty, meaning something other than what it is. Why not squarely and fairly call them blocks, as I believe Dr. Robertson did call them. Dr. Robertson proposed a plan for separate blocks, united by small corridors; and our friend Dr. Chapin, who shows his system very admirably, would not call a place with sixty or eighty patients—in other words, an assemblage of houses—anything but a block.

Dr. BUCKE. I should like to have Dr. Gundry christen my cottages for me.

Dr. GUNDRY. I can not do that. I do not even christen my own children, much less yours.

The PRESIDENT. Dr. Gundry, what do you wish to say about Ohio?

Dr. GUNDRY. I do not represent Ohio at present, but I will say this, of course you all understand my connection with Ohio is severed. The reason for it I need not give. Since we met a year ago the principal Institution of the State has been opened for the reception of patients since the 23d of August last. It was really opened, however, on the 7th of September, by the reception of one hundred and seventy-six patients. Since then I think one thousand and thirty-two patients have been received, of whom eight hundred and eighty now remain. This Institution has been very well appointed and furnished, and I believe as an Institution it will compare very favorably with any other, and in calculating the cost it has been found to be a less expensive building than has been reported. The cost is between seventeen hundred and eighteen hundred dollars a patient. It is entirely fire-proof with the exception of a few partitions in one compartment for domestics. Every stair in it is of iron. Every floor is bedded in concrete and supported by brick or corrugated iron arches, there is not a wooden joist in the building. The water is supplied from the river in connection with another Institution adjacent to it, about half a mile from it, the Asylum for Idiots. The sewerage of both Institutions is in common, conveyed from them by means of pumps, and pumped into the river about two and a half miles distant. The same system, I believe, which the town of Leeds, in England, adopted. As you are aware, probably, a bill has been introduced reorganizing all the institutions, which means to change their names, and a new Board has been constituted and appointed by the Governor, and of course other changes in officers must follow. The new Boards are, with one exception, composed of new men in the place of the old ones, and at Columbus, Dr. Firestone, a very worthy gentleman has succeeded me after the resignation of the gentleman who was appointed to succeed me. At Athens, Dr. Clark has succeeded Dr. Rutter, and at Longview, Dr. Bunker has been replaced by Dr. C. A. Miller. A provision has been made, or was to be made, extending the accommodation for the insane, by erecting an asylum which will accommodate three hundred cases, adding therefore that much to the accommodation and taking in so many more chronic cases, and placing this Institution under the general control of the Northern Institution at Cleveland. It was found that although we anticipated accommodating every patient in the State, that not quite every one was accommodated. That, however, has been done, and whatever feeling men may have about the peculiar manner of organization or reorganization,



still all, of course, join in the feeling that the people of Ohio are constant in their desire and in their efforts to contribute liberally towards the support and care of the insane. These Institutions (and I believe I am an impartial witness now) will compare favorably with any others in their appointments, which have been provided by the State. I have been in three of them, and therefore I can speak with some knowledge of the matter and with some feeling; for the rest of them I have nothing to say.

Dr. KIRKBRIDE. How nearly has Ohio provided for all her insane?

Dr. GUNDRY. It is a difficult question to answer, but I had supposed about all. The question, however, comes up in this way. The pressure of the hard times, probably, has brought out more patients than was anticipated, of persons who were formerly kept at home in families where they were eager to keep their friends as long as they were not too troublesome. But a great many of these have now come into the Institutions. Then there are the epileptics. If the accommodation is not sufficient, they are not received, they are the last to be received. In regard to the criminal insane, it was hoped something would be done for them. Nothing, however, has been done. I received about thirty convicts in the Institution, but beyond that, no permanent arrangement has been made. It was expected they would provide an institution separate and distinct from the prison, and from the Hospital, for these, but it has been otherwise. I will say that the convict class, as a class, has not been any more troublesome than other patients. We managed mainly to put them in a ward by themselves, for a while, and gradually let them in with the others. The greatest trouble, I think, is their propensity to run away, but for a while, say two or three months, I certainly never could expect to receive more pleasant or contented company. But as they get used to their surroundings, and forget what they came for, then naturally the feeling of discontent arises, and they become dissatisfied with the positions in which they are placed.

Dr. STRONG. I do not know that I can add anything to what Dr. Gundry has said in relation to the general condition of the asylums of Ohio. In the locality of the Asylum which I represent, the chief matter of importance, at the present time, is the effort which is being made to provide for the chronic insane. As our Asylum was unable to accommodate all the insane of our district, the city of Cleveland last year built an insane department on its infirmary grounds, at a

cost of \$60,000. One hundred and twelve patients, belonging to the city, now occupy this new department. It has room for a hundred more. A bill has been introduced into the Legislature, proposing to have the State take this new department off the hands of Cleveland, and use it for the purposes of an asylum for the chronic insane who are confined in the infirmaries in our district, and as an outlet for chronic cases that are compelled to leave our asylums in order to furnish room for recent cases. It is a worthy measure, and I trust it will succeed. A word in regard to the Asylum that I represent. The past year, on the whole, has been a prosperous one. Many improvements have been made, of an important character. The Legislature gave us \$30,000 for a new laundry, a new carpenter shop, and for additional steam-heating facilities. These much needed improvements add greatly to the comfort of our patients, and the convenience of our work. We have been free from accident or casualty during the past year. The general sanitary condition of our Institution has been very good, and our mortality rate low. We have nearly six hundred patients at the present time.

On motion, the Association adjourned.

The Association was called to order at 8 P. M., by the President.

On motion of Dr. Gray, it was resolved that the discussion of the papers read be postponed until all the papers have been read.

THE PRESIDENT. The resumption of reports from the different States, upon the condition of the insane, is now in order.

DR. GRISSOM. I regret that I have no report of much interest to make relative to the general progress of the work in North Carolina. The movement towards the erection of the Institution in the western part of the State is slow, in consequence of the smallness of the appropriations out of the public treasury for the purpose. It is to be hoped, however, that before a great length of time the financial condition of the State will improve sufficiently to give us the necessary aid.

DR. EVERTS. Our State is progressing steadily towards making proper provision for all her insane. Our new Hospital is a department for women, and will accommodate seven hundred properly, but which will be crowded with nine hundred, undoubtedly, and

will be completed in about one year from now, and then we think we will have, perhaps, the best Hospital in the United States. That may be a little boastful. The cost will be about one thousand dollars a bed. The departments are about three hundred feet apart, but the front lines of the Hospitals are the same. The Institution will accommodate all the insane from every part of the State who will naturally apply for public accommodations.

The PRESIDENT. In other words, the State will have full provision for the insane.

Dr. EVERTS. The constitution of Indiana is imperative. It says that the Legislature shall make provision for the insane of the State, and that implies all the insane.

Dr. KILBOURNE. There has been no new movement in the State of Illinois since our last meeting in St. Louis. The ground for the new institution (which was spoken of there) under the appropriation made for it has been broken, and the work will be prosecuted this summer and the ensuing year; with that exception there is nothing particular to note further than that we are moving along quietly.

Dr. BARNES, Illinois. The building of our Hospital, I believe, has been completed since last spring. We have about four hundred and thirty patients, and everything about our Institution seems to be working satisfactorily. I have a newspaper slip here which I will have the Secretary read, in regard to a resolution passed at our last Board meeting.

The Secretary read as follows:

"The Trustees of the Southern Illinois Insane Asylum, at Anna, yesterday sent communications to the State Commissioners of Public Charities, at Springfield, and to the Trustees of the Jacksonville and Elgin Insane Asylums, recommending the appointment of a pathologist, whose duty it will be to give his entire time to the scientific study of the diseased conditions attending insanity, in order to preserve in the best form for the use of the medical profession at large, a record of everything in our State Hospitals, calculated to throw light upon the nature and cause of diseases of the nervous system. A Springfield dispatch says that the Board of Public Charities will take early action upon this recommendation, and cause the Governor to appoint the proposed pathologist."

Dr. GODDING. At the Government Hospital for the Insane, the number of patients has increased during the past year. The mem-

bers of this Association this session have had an opportunity of seeing what provision has been made for care and accommodation. I do not know that any action is contemplated by Congress that will materially effect our situation at the present time.

Dr. LANGDON, California. The Institution at Stockton has twelve hundred and three patients. The male and female departments are entirely separate, and distinct buildings, one-fourth of a mile from each other. In the male department of the Asylum there are eight hundred and thirty-three, and in the female three hundred and seventy under treatment and care. In regard to the male Asylum we have the stereotyped report to make that we are dreadfully overcrowded. But the fault does not rest with the State of California, in her not showing a proper disposition to make provision for all her insane, but in the peculiar circumstances of the State, the manner of its settlement, and in its being in a great measure the depository of the insane from all the surrounding country and the Pacific islands. We have been trying to relieve ourselves of our present condition. The last legislative committee that visited our Institution felt the paramount necessity of making additional provision for the care of about four hundred, the number in excess of that for which we have proper accommodations in the male Asylum; but owing to the fact that there were so many contingent expenses and drafts upon the public treasury, the Governor failed to sign the bill. It may seem strange that we need another asylum in California—that so new a State should have so large a number of insane. But you will consider the character of the settlers, the delusive ideas which many entertained, who entered that country, the struggle for wealth, and the disappointment which threw many upon us. But independent of that, throughout California there is no provision in any of the counties for taking care of the insane, so the State expects that every proper subject for the asylum shall be sent to a State institution. In reference to the female department of our Asylum, at Stockton, we have ample accommodations for all who may apply at present, and hope that our accommodations will be sufficient for a year or two longer, at any rate. The Asylum at Napa was erected with the expectation of accommodating five hundred. Although open scarcely three years, there are about four hundred patients there.

Dr. Grissom then read a paper on “True and False Experts.”

On motion, the Association adjourned to 10 A. M., of Thursday.



MAY 16, 1878.

The Association was called to order at 10 A. M., by the President.

The minutes of the proceedings of yesterday were read and approved.

The Committee on Time and Place of next Meeting reported in favor of Providence, R. I., as the place, and the second Tuesday of June, 1879, as the time of the next meeting, which was unanimously adopted.

Dr. Smith, from the same Committee, offered the following resolution:

*Resolved*, That for the next meeting a Business Committee be appointed, of which Dr. Sawyer shall be Chairman, and the Secretary also a member, and the President appoint the third member, which was agreed to.

The Secretary read a note from Dr. Edward Jarvis, relative to sending the reports of the different hospitals to the English Commissioners in Lunacy.

Dr. Wallace then read a paper on "Buildings for the Insane."

Dr. Bucke read a paper on the "Moral Nature and the Great Sympathetic."

At the conclusion of the reading of the paper, the Association adjourned, to pay their respects to the President of the United States.

The members of the Association spent the afternoon in visiting the Barnes Hospital, and the beautiful grounds attached to that, and the Soldiers' Home.

The Association was called to order at 8 P. M., by the President.

Dr. Ray read a notice of the character and professional ability of our highly honored member, the late Dr. John E. Tyler:

My relations with Dr. Tyler were not of the kind that bring to view, all the sides and aspects of a man's nature, but they sufficed to reveal to me many sterling qualities, well worthy of the highest esteem. Starting with his mind well prepared by a college training, and a faithful study of his profession, he obtained in due season the merited reward of such preparation. While engaged in a general practice, embracing to a large extent, the most respectable and cultivated part of the community, he was selected by the Trustees of the State Asylum of New Hampshire, to become its Superintendent. So well did he discharge this trust, that under his charge, the Institution notably prospered, while he established his own reputation in this peculiar calling. On the death of Dr. Booth, the Superintendent of the McLean Asylum, the Trustees of that Institution had little hesitation in making Dr. Tyler his successor. Here the best qualities of his nature were brought into action, as they never had been before, and his remarkable fitness for the kind of duty he had assumed, was admirably displayed. In no other similar institution in the country, are larger draughts made on the patience, the temper, the industry, the zeal, in short, on all the moral and intellectual resources of the superintendent. For thirteen years he stood the trial, steadily gaining the approbation of his Trustees, the confidence and esteem of his patients, and the respect of his medical brethren. He came to the work with a correct appreciation of its responsibilities, and an earnest endeavor to achieve the highest measure of success. Thenceforth it became the all absorbing interest of his life. Surrounded by memorials of his predecessors, he needed no other incentive to make himself worthy a place by the side of a Booth, a Bell, a Lee and a Wyman. It was a purpose of the noblest ambition. How worthily he achieved it, we learn from the abundant testimony both of his patients and his employers. He cared little for popular applause, and was well satisfied with the approbation of those who alone, were the proper judges of his merits. He had many qualities indispensable to success in his calling. Without any profound study of psychological science, he possessed that nice discernment of abnormal mental conditions, which springs from a happy faculty of observation, a faculty which may be improved by use, but is chiefly a gift of nature. It enabled him to look beneath the surface, and discern signs of irregular action that would escape the notice of others less happily endowed. His success was much promoted by a genial temper and a pleasing address, that always made him a welcome companion, bringing, at

every visit a gleam of sunshine to many a darkened soul. Few could resist the cheering influence of his hearty laugh, and pleasant words, well-timed and skilfully expressed as they always were. In the character of an expert, in cases of insanity, in which he often appeared, it would be no small praise to say that he did no discredit to his profession, but he also did something more. He was always cool, self-collected, not easily embarrassed, and was unusually successful in obtaining respect and confidence for his statements. He soon learned what some experts never learn at all, that to satisfy himself of the correctness of his position, is scarcely more important than to foresee how it will strike others. It is this kind of prescience which makes one sure that the ground he takes is tenable, and enables him to anticipate the assaults he will have to meet. After a service of thirteen years his health had received such a shock from a malarial fever contracted while on a visit South, that he felt obliged to resign and seek the restorative influences of a prolonged stay in Europe. On his return with his condition greatly improved, he engaged in private practice, and soon had all the employment he desired. He had been appointed, while in the Asylum, Professor of Nervous Diseases in Harvard University, and the last professional act he did, was to give the usual lecture of his course. He will be much missed in that community, for he was widely known and esteemed, and in various relations his counsel was sought for, and highly prized. As a member of this Association, his presence among us always met with a hearty welcome. His words were ever wise and timely. He was not much inclined to writing or speaking, but when he did write or speak, it was something well worth listening to.

Dr. KIRKBRIDE. Mr. President, I am sure I am unwilling to take any of the time of the Association this evening, but I must say I feel greatly indebted to Dr. Ray for what he has read to us. Although we hope to have on a future occasion a more detailed memoir of our deceased friend, still it seemed to me that this meeting had hardly taken notice enough of the death of one who was so much loved by us all, one who had done so much both in his profession and our specialty. I believe in every word of commendation that Dr. Ray has read this evening.

The PRESIDENT. I agree thoroughly with what Dr. Ray has said in relation to the character of Dr. Tyler. I knew him very well and he was one of my most esteemed friends. He had every quality that commanded esteem, geniality, uprightness, devotion

to his professional duty. He was one of the most companionable men I have ever known.

Dr. HUGHES. I can not permit the present occasion to pass without expressing the feelings with which Dr. Tyler's manner impressed me, when I first met him at our meeting in Boston, ten years ago. You were there yourself, Mr. President, and recollect the cordial greeting that he gave us, and the very interesting paper he read to us on that occasion. I was then one of the young members of the specialty, and I am glad to say that Dr. Tyler, then and there, contributed in no small degree, to strengthen my attachment for practical psychiatry. I am glad to be permitted to bear this tribute to his memory. When men like Dr. Tyler die, their deeds and their example live after them.

Dr. A. E. Macdonald then gave a history of two cases of Homicide.

Dr. Camden read a paper on the Progress of Medical Science and particularly of Psychological Science in the Nineteenth Century.

The Committee to audit the accounts of the Treasurer, made the following report:

The Committee to audit the Treasurer's accounts, respectfully report to this Association, that the Treasurer's accounts are correct. They would state that after paying the expenses of reporting the proceedings, from the money received from members at St. Louis, and sending notices to all the absent members, the Treasurer has not yet received sufficient funds to meet the expenses of printing the propositions of the Association, ordered in 1876, including other bills due for postage, printing and paper. It will require, at present, about sixty dollars above what is now in the Treasurer's hands to meet all these expenses. An assessment of five dollars on each member of the Association, if paid by all, would cover all the usual expenses, and what is now due, but any extra expense will require an additional assessment.

All of which is respectfully submitted.

DANIEL CLARK,  
E. A. KILBOURNE.

On motion, the report was accepted and adopted.

On motion, the Association adjourned to 10 A. M., Friday.



MAY 17, 1878.

The Association was called to order at 10 A. M., by the President.

The minutes of the meeting of yesterday were read and approved.

Dr. STRONG. Mr. President, I desire to call the attention of the Association to a clearly defined and typical case of aphasia, which recently came under my notice. I have not had time to write it out, and I trust you will bear with me while I attempt a brief explanation of the case. The patient to whom I refer was brought to our Asylum on the fourteenth of August last. He was a man forty-four years of age, a little below medium size, and a sailor by occupation. The history I got of the case was somewhat imperfect. Three months before he was brought to us, he was at work on board of a vessel in the harbor of Cleveland, and while thus engaged he received an injury over the left parietal region, at a point corresponding with the third front convolution of the brain. It could not be definitely ascertained whether this injury resulted from a fall or a blow. He was taken to the Cleveland City Hospital, and lay for several days in an unconscious state. The diagnosis of the case at that time was "concussion of the spine." Consciousness gradually returned to him, and after the period of a month, as near as I can recollect, he slowly began to walk, but was unable to speak. But a short time elapsed between his discharge from the City Hospital and his admission to our Asylum. During that interval it was observed that he could not speak, and it was claimed that there was a disposition on his part to wander about. At the time of his admission to the Asylum, he had a perfect command of the locomotor and other functions of his body. He would listen attentively to what was said to him, would act as though he thoroughly understood it, would make a strong effort to talk, would place his hand over the seat of injury, on the left side of his head, the tears would start from his eyes, but he would only succeed in saying, in a somewhat explosive manner, "yes, yes." When requested to write in answer to questions, he would simply write his name and repeat it. As he was cleanly in person and tidy in dress, he was placed in a quiet, convalescent ward, and there the case was carefully observed. He was tractable and obedient, although occasionally he would become irritable, and manifest angry feelings towards other

patients. He would do what he was told, make his bed, sweep and dust his room, and was exceedingly nice and particular about his manner of doing work. He would put on his spectacles, take up a newspaper or book, and be apparently interested in it, but to what extent he comprehended papers or books we could not say. Whenever spoken to the same old explosive "yes" would come out. He continued to go along in this way, performing the little duties above referred to acceptably, for a period of about five months, when it was observed that there was a growing inability to use his right arm. This continued to increase until he was unable to perform any work. Very soon thereafter he began to grow more and more indifferent to his surroundings, became more and more stupid, gradually lost control of the functions of the bladder and bowels, was compelled to remain in bed, had right hemiplegia, slowly sank into unconsciousness, and died on March 27, 1878. A post-mortem examination of the brain showed the following condition of that organ. The focal center of trouble seemed to be in the fissure of Sylvius of the left cerebral hemisphere. (A full sized photograph of the brain was here exhibited to the Association, showing the locality of the lesion, and the pathological changes which the parts had undergone.) At this point you will observe, from the photograph which I hold in my hand, a marked depression caused by atrophy of the third frontal convolution, involving the island of Reil. The light color observed on the outer margin of the left hemisphere, extending its whole length, and which was about an inch and a half in width, shows that portion of the brain which had undergone a yellow softening. There were about six ounces of serous fluid under the arachnoid membrane. The locality and nature of the injury, the history of the early symptoms, the progress of the case, and the morbid condition found after death, led me to conclude that the middle cerebral artery was primarily involved in the trouble.

In Trousseau's chapter on aphasia I find a case recorded, which, in many respects, bears a strong analogy to this one. It will be remembered that at our meeting in St. Louis, last year, the subject of localization of brain functions was somewhat thoroughly discussed, and when this case came under my observation, it occurred to me that it might be well to present it to the Association.

DR. CLARK. Was there adhesion of the membranes to the brain tissue?

Dr. STRONG. There was no adhesion.

Dr. CLARK. There was softening of the brain I understand?

Dr. STRONG. There was softening of a portion of the left hemisphere, but the condition of the right hemisphere appeared to be normal.

Dr. BUCKE. When this man first came to you he could only say "yes," and could only write his name, how much intelligence did he display in relation to his surroundings?

Dr. STRONG. He would listen very attentively to what was said to him, and his appearance and actions indicated that he comprehended it.

Dr. BUCKE. Did you think he understood?

Dr. STRONG. My impression was that he did.

Dr. BUCKE. Suppose you had asked him to go out?

Dr. STRONG. He would have understood, and obeyed such direction.

Dr. BUCKE. If he was sitting down in the room, and was asked to go and get something, would he go into the next room and get it?

Dr. STRONG. His attendants informed me that when engaged in doing work in the dining-room, if he were told to go to his own room and get anything, he would do so.

Dr. BUCKE. I wish to ask further, whether the loss of power to communicate intelligence was due to the loss of intelligence, or to the loss of a particular faculty?

Dr. STRONG. That he was unable to talk from loss of the idea of language was very clear, that he possessed very considerable intelligence is equally clear, but just how much I am unable to state.

Dr. BUCKE. If he had lost the faculty of speech from injury of the head at the point referred to, would it result also in the loss of power to write?

Dr. STRONG. I think it would.

The PRESIDENT. The Doctor will excuse the Chair for remarking that he thinks that any questions calculated to bring out the full history of this case are in order, but not beyond that, the Association having voted not to discuss papers until they were all read.

Dr. STEVENS. I wish to ask the Doctor, if, when he wrote him a question, he comprehended that?

Dr. STRONG. I think he did.

Dr. BUCKE. Could he read and write before the injury?

Dr. STRONG. Yes, sir; he could.

Dr. GRAY. Was there evidence of external injury?

Dr. STRONG. There was slight depression externally over the left parietal region, but I was surprised in not finding a corresponding depression internally when the post-mortem examination was made.

Dr. KEMPSTER. Was there a section made of the brain at the point of atrophy?

Dr. STRONG. No, sir.

Dr. GRAY. Were the membranes thickened?

Dr. STRONG. They were not.

Dr. STEVENS. I would like to inquire as to the extent of the paralysis?

Dr. STRONG. The only paralysis observed was the hemiplegia which came on as a result of the apoplexy that showed itself a short time before death.

Dr. SMITH. Is it your impression that he lost the idea of language?

Dr. STRONG. Yes, sir; I looked upon it as aphasia, the chief characteristic of which I understand to be the loss of the idea of language.

Dr. SMITH. How then did he understand the directions given him?

Dr. STRONG. The brain lesion was chiefly local, affecting the idea of language and the power of its expression. There was a broad margin of healthy brain, and, according to Trousseau, even admitting that intelligence is involved, the understanding is less injured than the memory of the acts for producing sounds and remembering words.

Dr. HUGHES. I wish to ask whether from your observation of this case there was any failure of the power of the brain, except so far as the formation of ideas in his speech?

Dr. STRONG. The loss of the idea of language was certainly the most prominent feature in the case. He seemed to have clear ideas on other subjects, but to what extent the general understanding was involved, I can not say.

Dr. GRAY. Did you record him as having any special form of insanity, as dementia or anything of that kind?

Dr. STRONG. I think we recorded him as a case of dementia.

Dr. Hughes read a paper entitled "Aphasia, or Aphasic Insanity, Which?"



On motion of Dr. Clark, it was resolved that the papers be taken up in order, and the remarks of members be confined to three minutes, and that the members speak as they may desire, without being called upon individually, as usual.

The first paper in order for discussion was Dr. Clark's, but none of the members being inclined to discuss it, the next paper was that of Dr. Wallace.

Dr. GODDING. I purposed to wait to hear from members of more experience than myself on this question, but, as no one speaks, I can not allow this paper to pass without expressing my gratification that Dr. Wallace has very frankly and boldly brought to the attention of the Association some practical points that arise in building hospitals for the insane. It would seem to me that while we should omit nothing that would add to the comfort, after the security of the patients, including danger from fire and the accidents liable to insecurity—that we have gone within the last decade into the building of too expensive hospitals, stately palaces, as they have been called, which do not, to my mind, add one iota to the curability of the insane. I felt, while listening to the Doctor's paper, that something might be fairly allowed for difference in our latitude; that Dr. Wallace is most favorably situated for providing for the comfort of the insane in houses which, especially in our more northern latitude, would not be habitable in winter season. Here the question of heating apparatus comes in, which, of course, adds very materially to the cost of hospitals in the North. I would not wish to take the ground of advocating simply pauper institutions—pauper in the matter of their construction I mean, or of having them one whit less complete in their appliances than those now erected; but as a protest against the extravagant architecture and some of the surroundings of many of the lately erected hospitals, that are due in a majority of cases to the State pride of our builders, I consider the paper a very valuable one. I would like to ask Dr. Wallace what provision for heating hospitals, and at what expense per capita are found to answer in his State?

Dr. WALLACE. Our Institution is heated entirely by stoves, and they are used very little. I do not suppose we fired them up more than half a dozen times last winter. The patients are per-

fectly comfortable in closed rooms, except, of course, when we have our northerers, and we had none of them last winter.

Dr. RAY. Dr. Wallace seems to have taken the key-note of his paper from one of mine read last year, on the "Cost of the Construction of Hospitals for the Insane." In so doing, I am sorry to say, he has misapprehended almost every point that I made. I instanced a few cases of hospital construction, the cost of which was much less than twenty-five hundred or three thousand dollars per patient, not meaning thereby that no hospital could possibly be built for less than those I cited, and I mentioned those particular cases simply because they had come within my own personal knowledge. Nor did I present them as models of hospital construction; it was enough for my purpose that they fully met all reasonable requirements of a hospital for the insane. Nor did I alter a single word favoring a uniformity of plan. On the contrary, I believe that the best conceptions of hospital construction necessarily imply adaptation to peculiar circumstances, consequently a lack of resemblance to existing plans. The general features should always be determined in some degree by the character of the grounds, the exposure to prevailing winds, the proximity to hills, groves, water, &c. I am about the last person to advocate a uniformity of construction. Another mistake of the Doctor was in countenancing the idea, somewhat favored of late by certain people seeking for a grievance, that this Association has encouraged expensive plans of construction, and to that extent deserves public condemnation. No member of this Association, who has made himself acquainted with its work, needs to learn from me that the charge is utterly without foundation. The Association has never said how much a hospital should cost. I challenge any one to find in its proceedings a single word in favor of any expenditure in construction or furnishing not peremptorily required by the special purposes of a hospital. In vain will you look for anything of the kind. On the contrary, so far as the views of this Association have been expressed at all, they have been decidedly the other way. The resolutions on this subject adopted unanimously many years ago, prepared by Dr. Kirkbride, and recently published with all other resolutions ever adopted by the Association, distinctly set forth the importance of confining the expenditures to the necessary and proper purposes of a hospital. This charge against the Association of favoring a needlessly expensive style of building is simply a part of a system of detraction lately started, originating in personal griefs. That hospitals have

been built in this country, costing far more than they should, I admit, but the fault has not been in the plans, nor in any superfluous architectural ornamentation. It has always been in mercenary contracts, in specifications badly drawn and opening the way to a large margin of extras, in sites requiring large outlays to prepare them for the purpose, in "pickings and stealings" generally. In connection with this matter we hear much about palatial hospitals. If the term refers only to the immense size of some of them, I admit that it is well put, and that the Association, so far as it has favored this kind of building, is justly responsible therefor. But, subtracting the cost of all the architectural ornamentation, the average cost of the whole establishment will be lessened in a very small degree.

Dr. KIRKBRIDE. I did not intend to say one word on this subject, because I am quite sure that every gentleman here understands as well as I do, the whole principle involved. I must, however, protest most earnestly against any one, either in this Association, or out of it, charging it with recommending or justifying extravagance of any kind. I challenge any one who will read the proceedings of this Association from its foundation up to the present day, to show one line in them, or one word that has been said here, that justifies extravagance in making provision for the insane. The propositions that were originally adopted, and which have been re-affirmed on several occasions, ask for the most moderate kind of buildings and arrangements, and I would ask any one here or elsewhere to show a single point in those propositions, that he would of choice have abandoned. I have read them recently and carefully, and I am sure there is no one of those propositions that can be given up without in just so much lessening the character and completeness of an institution. If the gentleman from Texas can provide properly for his patients at three hundred dollars a head, I have no objection to his doing so. If the people of Texas are satisfied with that kind of provision, I am sure I am willing they should have it. I must say, however, that it would not satisfy me, nor do I think it would satisfy the people of the State in which I reside.

One word about names for institutions for the insane. I must confess that I am tired of having these institutions called "palaces," and I would beg leave to ask those who have a fondness for this term, to tell me in what respect they find the resemblance between an institution, properly furnished with the means for treating the sick or insane, and a "palace." Does size make a building "pala-



tial," or is there ornamentation enough in any of them to justify such a title? As Dr. Ray has well said all the ornamentation that can be found in most of them, will not make an appreciable difference in the cost. Their architecture should at least be good enough to prevent their being a permanent reproach to the States to which they belong. I have had a large amount of responsibility in the building of one hospital, the money which paid for it being all raised by genuine begging. Well, this work was thoroughly done, there was no waste, nothing was left out that was deemed useful, only a respectable appearance was given to the building, and if the work was to be done over again, I should recommend the adoption of exactly the same plan. Plain as it is, it has been dignified by these palatial titles, and yet on looking over the whole ground, we do not see how we should be able in justice to the patients or ourselves, or the community in which it is located, to take anything from its arrangement or its external appearance. In regard to the "palaces," of which we have heard so much said, I have only to remark that, if the people of New Jersey, New York, Massachusetts or Ohio, choose to have such buildings as have recently been put up, and which they think comport with the dignity and wealth of their respective States, I do not see why I, a citizen of another State, should think it necessary to criticise their opinions, and to denounce their mode of making provision for their insane. Their own citizens are, no doubt, quite competent to manage all that kind of business, without the outside aid which is so generously offered. I noticed recently, in a publication by the Board of Trustees of the Willard Hospital, the very interesting statement, that the great State of New York—with all its large expenditures for the insane, and especially in the construction of grand edifices at Utica, Poughkeepsie, Middletown and Buffalo—has not appropriated for all these objects, nearly as much money as has already been expended on the new structure in which hereafter are to assemble, the law-makers of the commonwealth. If I am not right, my friends from that State will correct me.

Dr. GRAY. All the expenditures for buildings for the insane in forty years, have not equalled what has already been expended on the new Capitol.

Dr. KIRKBRIDE. And not only that, the Trustees very justly say, that if the whole amount was divided among the people of the State, the portion for each would be so insignificant, that they believed that not a hundred individuals would be found unwilling



to pay their quota; as stated in the Report of the Willard Asylum—less than two and a quarter mills on the dollar of the assessed valuation of the State for one year. It must be obvious then, that all this talk about “palaces” is for effect, and not in the interests of the insane, or to secure the best provision for them. I end by saying what I have so often said before, and of the truth of which I am as certain now as I ever was, that the best hospital, best constructed, best organized, best arranged and best managed, is always cheapest in the end.

Dr. BARNES. Just a word or two in reference to the hospitals in Illinois (as they have been criticised somewhat) in relation to the expenditure. It has generally been made by men who are political contestants. We have been charged in that direction by politicians, but I have taken particular pains to inquire of the common masses of our people who visit us for various purposes, and I do not think that I have heard a single expression that our Hospital is too fine. No person I have met ever expressed an objection to paying taxes for this purpose.

Dr. BUCKE. The Hospital that I superintend in London, was built under the economical government of the Hon. John Sandfield Macdonald. This government had to build a hospital for a certain number of patients, and Mr. Macdonald wanted to know what it could be done for. The architect made plans and estimated that the Institution would cost over a thousand dollars per patient, and said it could not be done for any less. Mr. Macdonald said that it must be done for half that amount, and directed the architect to prepare plans of an asylum to be built for five hundred dollars per patient. The Hospital was completed upon those plans and specifications, and that Hospital I manage now. It was built as well as it could be for the money, but it has required so many removals and repairs, that I believe it is one of the dearest hospitals in North America to-day, and still it is not and it never will be a first-class Hospital. It will never be a good building and no amount of money will ever make it one; it will always be a poor, dear Asylum. You will see, therefore, that my experience and consequently my opinion, are opposed to low priced asylums.

Dr. KEMPSTER. Relative to the expenditure of money, we have just passed through an experience of constructing a hospital in Wisconsin. I would that the gravest taxation that our people have been subjected to was the construction of that hospital. I made an estimate as to the cost and the amount upon the assessed value of the property of our State. The total cost of the Hospital

for construction, heating apparatus, and all excepting furniture, was nine hundred dollars and eighty cents per capita, and the tax upon the people was one-tenth of one mill upon the estimated value of the property of the State. Gentlemen are aware, of course, that in our climate it is no unusual thing to see the thermometer stand twenty degrees below zero for a week at a time. The heating apparatus was the most expensive, as we have one foot of radiating surface to fifty cubic feet of room; this gives us a comfortable place to live in during cold weather. The estimate is one-half larger than that described by architects and persons interested in heating and ventilating. The Institution is well built so far as its construction is concerned. I have yet to visit a better in the United States. The whole cost, including land, furniture and articles of every description, was one thousand dollars and twenty cents per capita. For this we have a completed Institution with an abundance of bedding; furniture and all that. We all know, in reference to one remark that Dr. Wallace made, that extensions can be made at much less cost than the original structure, and our worthy President has set an example to the world in the construction of the wings that were erected at the Institution with which he was connected, but I doubt whether the people of Wisconsin would allow our patients to be put into wards like so many sardines in a box. My experience is that it is almost impossible to get persons to allow their friends to go into associate dormitories. They all want single rooms, and front rooms at that. Our people are particularly anxious on that score. There is hardly a patient brought to the hospital but what the friends want to know whether their friend is to have a place in an associate dormitory, as they want a single room; and when they can not be accommodated they decline to leave the patient, and take him to a different institution. The whole institution in our State is sustained by the Government, and every man is a sovereign.

Dr. A. E. MACDONALD. The Institution which I represent was an expensive one, costing about one million of dollars for the building alone, without reckoning either the cost of the site or of furnishing. But the great cost is, I think, to be accounted for rather in the way Dr. Ray has suggested, than from any superfluity of ornamentation. It was built in the palmy days of Mr. Tweed's reign, when all public works were so costly. But, and I think this fact has some bearing upon Dr. Wallace's paper—in all the clamor that has come from the press and the people regarding these extravagances, not one word has been uttered as to this particular

building. The purpose to which it is devoted seems to have atoned for the costliness of its erection.

Dr. GRAY. As New York State has been cited, I, perhaps, ought to say something. In the projection of the institutions of the State, a provision has always been made that the plans and specifications of such buildings shall be approved by the Governor and some other State officers, and that has been done. The subsequent erection of the buildings has been under the control and direction of Managers, appointed by the Governor and confirmed by the Senate, or a Building Commission, all of whom are strictly legislative servants, to do the work of the people as directed under the statutes of the State, and they are required to make returns of the manner of doing the work, in detail, as required by the Legislature. That they are built permanently, they are standing to show. The Asylum at Utica is without ornamentation, except, perhaps, as has often been alluded to, the portico. Beyond that there is not even a cap to a window, not a projection or dormer window, or a cupola or spire. The flag staff is the only thing that projects above the simple roof.

The PRESIDENT. Have you not a dome?

Dr. GRAY. No, sir; we do not even indulge in a dome.

The PRESIDENT. That was burned down, was it not?

Dr. GRAY. The dome, a wooden structure, was burned, and was not rebuilt. There have been times in our State when the prices of labor, lumber, brick and stone have been very high, and made the work of building very expensive. I do not think we could get along with stoves in our climate as they do in Texas. It must be remembered that in the north we not only require a great deal of warmth, but a great deal of protection from the winds and the inclemency of the weather. The protracted stormy, cold, driving rains and snow, render it necessary that all our structures, doors, windows and roofs should be well built, and they are more expensive to keep in repair than similar buildings in the south. I was very much struck with this when in California, last year. At Stockton, the Institution under Dr. Shurtleff, was as open as a bird cage. All the windows were open during the day, and, as he told me, they could be open during the night most of the year. There was continual sunshine, without rain for six or eight months. In connection with the ordinary close doors, he had slat doors arranged in many of the wards. The latter could be open so that the air could flow in from every direction. That could not be done in our climate. All these things have to



be taken into consideration, and it is to be presumed that in each locality those whom the State directs to take charge of such matters, must know what they are about better than persons at a distance, or those there who know nothing about such institutions.

Dr. STEVENS. I am pleased, in the main, with the ideas of Dr. Wallace. I think it important that some expression should go forth from this body on this subject. The resolutions adopted long ago, and from time to time reaffirmed, place the Association right upon the record. In the construction of the St. Louis County Insane Asylum, we have an instance of extravagance almost unprecedented; a building which cost, exclusive of the site, \$3,000 per patient. It was not the aim or intention of the authorities in charge, to spend more than about one quarter this amount. It would be out of place here to give the history of the building of this palace. It is almost perfect in adaptation to the object intended, but it is besides a monument to the architectural skill and taste of the architect, and, at the same time, (though I dislike to say it) a very notable instance of waste and extravagance. I have only to say further that I believe that in nearly all cases the blame and censure should be laid where they belong, which certainly is not at the door of our specialty.

Dr. GRAY. I supposed that the paper of Dr. Wallace maintained that the Association was not responsible for such expenditures. Am I right?

Dr. WALLACE. You are perfectly right.

Dr. GRAY. I supposed that he maintained that this Association was not responsible for any of the ideas of extravagance prevailing.

Dr. WALLACE. Let me read a quotation. My venerable friend, Dr. Ray, is mistaken in supposing that my paper was provoked by his read at St. Louis. An article published two months ago, in the *Medical and Surgical Reporter*, in Philadelphia, charging upon this Association responsibility for extravagance in hospital structures, was the occasion of my paper, in which this language occurs: "And thus the system of insane asylum building, sustained and fostered by the American Association of Superintendents, presents the curious phenomenon of housing a class of paupers, at more than six times the expense per capita of the house-holding class, and more than twenty times that of the tenement-renting class." Here is what I say; permit me to read again from my paper: "I have said before, and it will bear repetition, the history of this whole subject shows that this body is not responsible for the abuses that may exist." "In the main, the evil is quite outside their direct or indirect influence."



Dr. GRAY. That was my understanding.

Dr. STEVENS. My idea was not only that the Association was not responsible, but that the public have brought this thing right before us, falsely accusing us.

Dr. EVERTS. I was not present at the reading of Dr. Wallace's paper, and should not criticise the paper itself. I fully concur in what Dr. Stevens has said, and I think the Association should free itself from an assumption of this kind which does not rest with us. There is a psychological view of this matter which seems to have been left out. My own belief is that what are called palatial buildings have been a great advantage to the world, an advancement to the specialty and of those under its care; it is the difference between a hospital and a bedlam. The impression that is made on the people, dignifying the specialty by the action of the State, and these provisions that have been made for the insane, have been of incalculable advantage to the patients themselves. In this, however, much has been wasted by political machinery, like the work of the sanitary commission, during the war, when it often took three dollars to get one dollar to the front, still it has been well expended.

Dr. STRONG. So far as the paper of Dr. Wallace is calculated to check extravagant tendencies in the construction of hospitals for the insane, I fully agree with him. But I do not think that the responsibility for such extravagance should be charged upon members of this Association, who, as a rule, have no more responsibility in the matter than they have for the transit of Venus. In Ohio much has been said about the cost and extravagance lavished upon the new hospital at Columbus. The course pursued in building this Institution clearly proves that the position taken by Dr. Ray is a correct one. Could the "jobs" have been eliminated from all contracts during the long period of its construction, I do not believe that the cost would have exceeded twelve hundred dollars per bed. Then, again, it must be remembered, that it was built during the era of inflation, when, apparently, there was great prosperity, and almost everybody seemed extravagantly inclined.

One of the most serious features connected with this subject, in my view, arises from the fact that notwithstanding the great outlay of money in many of the States for hospitals—Ohio included—we still have a large number of the insane in county infirmaries, or other receptacles still more objectionable. A more judicious and economical expenditure of money, with fewer "jobs" in contracts, would have supplied, in many instances, good, comfortable

and durable structures, and at the same time such an increase of capacity as would accommodate all. This latter point, I understand, is what this Association has been seeking to accomplish for years, and I trust the time is not far distant when this worthy object will be achieved. So far as the tax-payers are concerned, they will not complain of the cost of thoroughly well built and convenient structures for the accommodation of *all* the insane, if convinced that they are not the victims of speculation and jobbing. In fact, they desire structures up to the modern idea; structures possessing all the facilities which sanitary science can suggest, and all the appliances and comforts essential to the highest good and welfare of the patients. When institutions of this character are visited by the people, their minds are at once disabused of preconceived notions of "mad-house" horrors, and they are frequently heard to exclaim "if a member of my family should become insane, I should be impatient to have him or her brought here."

Dr. WALKER. I can not let this discussion close without uttering my protest against any member in or outside of this body, attempting to hold this Association responsible for anything claimed as extravagant or useless in buildings for the insane. When Commissioners, appointed by the State, select a site and boast that in their selection of that site, no expert was consulted, and such a site costs, with the accompanying work, outside of the building itself, more than \$150,000, are we to be held responsible? I protest against any such expressions. I also claim that if the propositions of this Association had been followed; if the advice of the members of this Association had been asked, and when asked and given, had been faithfully followed, there would have been no complaints such as are made to-day, against the buildings for the insane. We are not responsible in any degree whatever, either as an Association or as individuals. I was pained and filled with sorrow that a paper should be presented here, which should seem on the face of it to countenance the accusation that this Association is responsible for any such thing. These things are not under our direction in Massachusetts. I do not believe they are elsewhere. I repeat again, if the propositions of this Association were faithfully acted upon, there would be no cause for complaint in any of the buildings themselves.

Dr. HUGHES. Much of the extraordinary expenditures on these so-called palatial structures, though I have seen no palaces among them, has resulted primarily from ignorance of the propositions of this Association with reference to hospital construction, as well

as selection of site and surroundings. Dr. Walker has justly criticised the errors so often made in selecting the location, leading to subsequent uncalculated and costly outlays for supplying water deficiencies, making roads and securing market facilities, &c., but the greatest errors have been made in the interior construction and finish of buildings, without the advice of practical asylum superintendents, who, having lived with the insane and learned their peculiar wants, are properly qualified for advising and coöperating with an architect in devising and perfecting proper abodes for them. The domiciles of the insane as we all know, to be best adapted for their welfare and safety, must, in many respects, be differently constructed from an ordinary house or hotel for sane people.

Dr. CHIPLEY. Some allusion has been made to public clamor in reference to the cost of hospital buildings. It seems to me that we ought to remain unmoved by such clamor. Almost all superintendents have had experience in the construction of hospitals, and I think we have honestly arrived at the conclusion reached by Dr. Ray; and if we believe that to be right, and there is no extravagance in it, in spite of public clamor we ought to maintain our position in behalf of those unfortunate creatures who are not able to speak for themselves. I would not undertake to say that a suitable building could not be provided in Texas for the sum of three hundred dollars per capita, because Dr. Wallace says it can be done, but so far as my experience goes, touching Ohio and Kentucky, I am satisfied that three hundred dollars would not be sufficient to provide comfortably, for the welfare of the inmates of such a hospital. I had the charge of the construction of the building at Lexington, Kentucky, to provide for two hundred and fifty patients, under the most favorable circumstances. The whole amount of money was appropriated at one time, before a single spadeful of earth had been removed. There was no cost for the grounds, the planning, and none to lay off the grounds. There was not one single part of the house not essential to the comfort and welfare of the patients. It was in good taste for a plain building, presented a very nice appearance, but it had no architectural ornamentation whatever, not even a porch, and the cost of that building, done in the most economical style, was seven hundred dollars per capita. The plans were drawn by myself; I superintended the construction; an architect was employed to make some of the working drawings, but employed especially on account of the work and to settle matters between the contract-



ors and the Institution. Though the cost of that building was over seven hundred dollars per patient, I am perfectly satisfied that if all the conveniences and comforts that I see in other, and among the best hospitals of the country, had been provided and which ought to be provided, it would have reached about the same that we suppose necessary to provide a suitable building for lunatics now. I do not think that suitable provision could be made for less, north of Texas. I regret that such an insignificant sum should have been suggested without any details of the character proposed, because I believe it is calculated to do a great deal of injury. There are penurious men who sometimes get control of things of this sort, and the testimony of one single member of this Association proclaiming that three hundred dollars per capita is enough, will over-ride the opinions of all the other members, and in some localities, may lead to very inefficient and improper provision for these unfortunates. It is in that point of view that I regret exceedingly this paper.

Now there are some points upon which we are not informed. I had intended to ask several questions at the time, but something prevented me, as to what were the size of the dormitories? How many persons were placed in the same room, &c., because that would lessen the expense very much. I suppose that the cost for providing for the insane in the Philadelphia Almshouse, would be even lower than that named by Dr. Wallace. But where is the superintendent who has had experience, who would think this proper provision for the insane? Now it may be that the patients are of such a mild character that they may be provided for in large dormitories. That lessens the expense very much. In order to determine, in our own minds, that which Dr. Wallace thinks proper, it would be necessary to know the character and plan of the structure, and of all the surroundings of his building. The Institution of which I now have charge, is a private one. The building was erected by different parties, and purchased at an enormous sacrifice from the original cost, and yet the cost of that building to the present proprietors was over \$1,400 per capita, for the small number (70) that we can accommodate, and there are things yet wanted about it which will add very considerably to the cost of the building. There is no ornamentations about it. It is a plain brick structure, with stone facings and iron porticos. It was not considered a very costly building for its size, when erected, and, as I said, was sold to the present proprietors at an enormous sacrifice. The main building itself cost \$93,000, and yet



at the depreciated price, it amounts to about \$1,400 per patient, and what should be added in addition to make the Institution complete, would add several thousand dollars to the amount. The average cost mentioned, is independent of the value of the costly and elegantly improved grounds, and five cottages available for patients. I am without personal interest in giving an opinion of the proper cost of asylum buildings, as I have no connection with any for which the people are taxed.

Dr. WALLACE. I have listened to the gentlemen with a great deal of pleasure, in much that has been said. I am never offended by frank criticism, never object to gentlemen expressing their views candidly. I regret that one gentleman departed from the usual promptings of his heart, and seemed in what he said to question my motives. I say I regret it, I do so on his account, not my own, I can survive it. I have nothing to repent of in regard to the paper or its discussion; nothing to take back. I feel that it will do good and am content. It has been repeatedly charged that my paper reflects upon the Association. Nothing was farther from my intention. I have seen it somewhere stated that the Scythian youth vindicates his claim to manhood when he arrives at a certain age by beating his mother, conduct that would find a parallel in my attacking this Association. I have tried to inform myself in regard to the specialty with which I have been immediately connected for the past five years. I have read most that has been written in this country or elsewhere, but am conscious of having received more benefit from the transactions of this body than from all other sources combined.

The next paper in order for discussion, was that of Dr. Grissom, on "True and False Experts."

\* Dr. WALLACE, of Texas. Mr. President, so far as the paper before the body, for consideration and remarks, was conversant about, or related to "True and False Experts,"—the subject it proposed to discuss—I listened to it approvingly in the main, and with profit, I hope. Prepared, as it evidently was, with care, all the points elaborated into a distinctness precluding the possibility of mistaking the author's meaning, I do not regard it in the best taste to go into a panegyric on the paper, which is so common in our body as to make our proceedings, not seldom, smack of the aroma of a mutual admiration society, but may remark; the paper, like everything I have seen from the same writer, bears the evidences of labor and research.

The paper, however, speaks for itself. The members heard it, and will draw their own conclusions. There is much to be said on almost every phase of the whole subject. The fact is, medico-legal jurisprudence in relation to this subject, is in a most chaotic condition, and so far as I am individually concerned—I speak only for myself—I could have wished the writer had dwelt more *upon the principles that underlie and the rules that obtain, the modification to which, in individual cases, these general principles and rules are subject, the cautions to be observed, &c., &c.*, and less in the *maledictory*, in regard to those the author complacently hands over to infamy as *selling their tongues for a price, and coining their brain into gold*; for, Mr. President, society is largely responsible for all this sort of thing. Our system of judicature tolerating corrupt litigation, the demand—human nature remaining what it is—will always find a supply. I say, I could have desired, therefore, less of the maledictory in general, and just absolutely nothing at all in the *way of assault upon personal character*. The personal attack upon a distinguished professional brother, may have been called for, but if so, the place for it was not, I take it, within the precincts of a scientific body. I do not know, except through his works as an author, the gentleman so ferociously attacked. I do not undertake his defense; I do not propose to become his apologist. I presume him quite competent to look out for and take care of himself. But I am a member of this Association, in which he was most ruthlessly assailed, not only in regard to his scientific teachings, but as to his *personal character*; nay, worse, his theological convictions. Had his scientific teachings only been called in question, I might have been satisfied to let it pass, grossly as they were misrepresented. As I mention them, I may as well say what is in my mind, and ask for the volume and page of the distinguished gentleman's work in which he makes the statement, that the grey matter of the cord and ganglia of the nervous system of organic life, is of the same kind and has the same function as that of the cerebral hemispheres; that the automatic contortions of a decapitated frog are as much manifestations of mind as are any of the so-called intellectual acts of which man is capable; finally, that mind is as much a secretion of the brain as bile of the liver. His teachings are very similar to those of Prof. Maudsley, deemed no mean authority in Europe on psychological subjects. Cabanis is the only author within my knowledge, or that occurs to me, that ever taught that mind is a secretion of the brain; and he does not, as in the nature of things he could not, teach that mind is a secretion of the brain in the same

sense that bile is a secretion of the liver. Maudsley not only does not endorse the doctrine of Cabanis, but alludes to it only to refute it. It will be remembered that at the meeting in Nashville in 1874, a member of this body accused Prof. Maudsley of teaching this doctrine. If there is one line in either of these distinguished authors from which the doctrine can be tortured by any ordinary amount of ingenuity, I would like to see it, and I engage to put on, if I do not possess it, the magnanimous for once, and to stand up before this body and confess my ignorance. I see no good to come from such misrepresentation. But, Mr. President, I have another count in my arraignment of Dr. Grissom's paper, sadder, graver to me than all the rest. He denounces the assailed as an atheist. As to what the distinguished gentleman of New York, about whose orthodoxy the doctor is so anxious, thinks of God or his human relation to him, I know not, nor does it concern me to know. It is a matter with which I confess I have no sort of disposition to *meddle*. This is a free country. The time was when there was an Inquisition, a Torquemada; when *recant or burn* was the alternative held out to Galileo; when Giordano Bruno expired amid the tortures of enveloping flames. Servetus was roasted by a slow fire, for opinions now familiar to school-boys. These times I had hoped were gone forever. These things were the work of bigots, fighting the advancing waves of science, destined, they well knew, if permitted to advance to overwhelm them. I had hoped the time had arrived when men who claim to be imbued with the scientific spirit, and who know something of scientific methods, could no longer be induced to persecute with obloquy, and call by ugly names, intended to excite the passions and prejudices of the vulgar, their professional brethren. Science knows no such tribunal of appeal. To be sure this sort of thing is common enough and perhaps will yet be for long, among the ignorant and their religious teachers, not seldom as ignorant as themselves in all that tends to liberalize and enlarge the mind; who assume to themselves all the orthodoxy, and imagine they possess a monopoly of all religion and morals, devoutly certain they are on the *direct through* line, baggage checked to heaven, while all the balance of mankind who do not utter their shibboleth, will be eternally and inevitably damned, world without end; or, if not, God Almighty will be guilty of a great oversight. This is the spirit, Mr. President, that run no less a man than Joseph Priestly out of England, after having mobbed and set on fire his house, and scattered his library and valuable papers for half a mile. But it is some



consolation to the lovers of soul-liberty and the advocates of freedom of discussion, to know that in 1874 a statue of this great man and eminent scientist, the discoverer of oxygen and other gases, was unveiled in the city from which he had to flee for his life eighty-seven years before; that fourteen years previously one had been deposited in the museum of Oxford. Tardy it may be, but justice comes at last. History, I believe, has not preserved even the name of one of his persecutors. I must be allowed the privilege of saying, Mr. President, that I did not expect to hear a man, any man, much less one of national reputation, denounced, held up to execration; his name coupled with an ugly, *ad captandum* vulgar epithet; *and for what? the enormous crime of indulging* the privilege, so dear to every American heart, of exercising his private judgment. And, *mirabile dictu*, this in a body of professional brethren, which, I had supposed, had some claims to be considered a scientific one. For one, I claim the right to protest against it with all the emphasis of which I am capable. I want the public, my friends at least, to know that there is one member of this body who does not propose to be overawed by numbers, or deflected from his principles by excited clamor; who concedes to all men what he claims for himself, the right to form and to profess their own opinions on all subjects, theology with the rest, to worship God as they see proper, or not at all, as they please. Here I take my stand, and come what may, persecution in shape of fire and loss of goods as of old, or in shape of obloquy and abuse as is more fashionable of late, while I live, so help me God, I propose to stand just here. I would be understood, if the distinguished medical gentleman of New York has incurred the displeasure of, or in any way rendered himself obnoxious to any member or members of this body, this, I submit was not the place to seek redress, a place where the accused could not be heard in his own defense. An open field and a fair fight I understand to be the rule in all honorable combat. It is not quite obvious why this attack should have been made by Dr. Grissom, who, it is understood, has no personal grievance of which he complains, rather than by those who, it would seem, have been assailed. It is calculated to give rise, to say the least, to *unpleasant surmises*. But perhaps I have said sufficient to place me right on the record, and this is what I desire. Less I could not say and retain my self-respect. I beg to conclude with a resolution, to which I do not expect a second, and seconded, not a single vote, except my own.

*Resolved*, That the members of the Association of Superintendents of American Institutions for the Insane, listened to the personal



attack upon a professional brother of New York by one of their members, Dr. Eugene Grissom, of North Carolina, with unmixed regret, as out of place and as calculated to do no good, but on the other hand to stir up strife and confusion, and therefore contrary to the spirit of science and the benevolent and humane work in which they are engaged.

The resolution was, on motion, laid on the table.

The Vice President, Dr. WALKER. The next paper to be discussed is that of Dr. Bucke, on the "Moral Nature and the Great Sympathetic."

Dr. CHIPLEY. I will make a single remark that I was very much interested in the paper, and will not question the fact that the Jewish people have an average duration of life beyond that of the Gentiles; but I am not so sure that the Doctor's conclusions are accurate about the high morality of the Jews, as compared with that of the Gentiles, if they were to be placed on the same platform. While the Doctor holds that this protracted life of the Jew results from his high morality, one might say that it depended upon the fact that he does not eat pork. It might depend much upon the diet, and the lessened liability to certain diseases by circumcision. It is likely the Jews are less liable to disease than the Gentiles, and so in reference to other matters. But I do not think it can be shown that it is on account of their high morals, uncombined with other causes. I think their diet and their course of living, as required by their religion, has more to do with their long living than their high morals.

Dr. SMITH. I was very much interested in the paper. It was a very elaborate one, but it seems to me that if the Doctor's views of intellect and moral nature be correct, and if the faith of the savage is fully as great as that of the Christian, and that of the Jew greater than that of the Christian, it subverts our theological propositions since the birth of our Savior. The Doctor appealed to the great leader of the Apostles for evidence.

Dr. BUCKE. You will pardon me, but he did not write the Epistle to the Hebrews.

Dr. SMITH. How we can have proper views of our eternal conditions, and proper views of worshipping one God and of the future state, without testimony, and without appealing to the intellect, I can not, for the life of me, see. The faith of the savage, it seems to me, is a mere superstitious suspicion. Faith, we read in another part of the New Testament, comes by hearing, and that is God's

requirement. The Doctor makes it out that faith and hearing are one. How are we to believe unless our intellects and other faculties are brought into requisition? The position of the Doctor clearly was that the moral nature of the Jew was superior to that of the Christian, and I say, if that be so, then I can not see the living potency of the Christian religion. Take the sermon on the mount, it is as far from the teachings of the Jewish religion as noon-day is from darkness. It inculcates an entirely different principle, and, if carried out, would not only elevate the moral nature of man, but would make a heaven of earth.

Dr. HUGHES. I confess to much gratification at the profound analysis of the human mind made by Dr. Bucke, but in a three minutes' speech it would be manifestly impossible to enter, with any degree of thoroughness, into the discussion of so meritorious a paper. There may be another explanation of the Jew's comparative longevity, than the one given by the Doctor. The Jew has no local nationality, and has not, for the many centuries which have intervened since his overthrow at Jerusalem, been at war with other nations. He is conservative in his feelings, and his emotional nature is not much disturbed by the turmoils and conflicts of life. He lives to accumulate money, and enjoy the substantial and quiet luxuries of life; he likes his home and his family; he is domestic and contented in his nature. His energies and vitality are not overtaxed and exhausted by restless and fruitless ambition. He is free from much of the killing fret and worry of life. His good sense in preferring substantial prosperity, and quiet happiness, to fame and renown, have as much to do with his long life as his unquestionably fair morals. I would not like to say his morals are better than the Christian's.

Dr. WALLACE. When that grand old man, Michael Faraday, was asked to what branch of the church he belonged, he replied, I belong to a sect known, where known at all, as Sandemanians, and as I have the honor to belong to an obscure sect known, where known at all, as Baptists, I hardly suppose I shall be suspected of doubting inspiration when I state that I do not think inferences from Scripture should be allowed to be brought in here against the deductions of science. Let us follow the example of the great man just alluded to, who tells us that when he went into his laboratory he shut the door, there he was a scientific man, coming out, he closed the door after him, and assumed his religion. The meaning of which I take to be that he did not mix his religion with his science. I always listen with great interest to anything

from Dr. Bucke, whether I agree with his positions or not. He is a clear thinker and an incisive writer, always entertaining and frequently highly instructive.

On motion, the Association adjourned to 8 P. M.

The Association was called to order at 8 P. M., by the President.

The Committee on stenographic reports of the proceedings made the following report:

The Committee to whom was referred the subject of stenographic reports of the proceedings of this Association, respectfully present the following report: That the Secretary of this Association be instructed to procure the immediate translation of the reporter's notes, so that the members may have them in their hands within one week after the adjournment of the Association, for correction, and for this purpose the Secretary is hereby authorized to secure the assistance of a reporter, or reporters, to accomplish this object. The Committee would also recommend that the Secretary be authorized to procure the services of reporters at or near the place of meeting, if practicable, so that expense in this direction may be limited to as small an amount as possible, consistent with perfecting the work.

WALTER KEMPSTER,  
CHAS. W. STEVENS,  
H. BLACK,

*Committee.*

On motion of Dr. Gray, the report was adopted.

**The SECRETARY.** The Secretary would like to make one remark, that heretofore the whole difficulty in connection with the report, has been with the members. The reporter has always furnished the minutes at an early day, but many of the members have held the notes sent them in their possession, sometimes for several weeks. If the members would return the manuscript after examination within two or three days, there would be no difficulty in having the whole proceedings in print at an early day. The fault is not with the stenographer nor with the Secretary, but with the members themselves.

The President announced as the third member of the Committee on Business for next year, Dr. Callender.

The paper of Dr. A. E. Macdonald was then taken up for discussion.

Dr. GRAY. Mr. President, I was not familiar with the first case reported by Dr. Macdonald, but I am with the second one, the Grappotte case, and I recognize the clearly outlined history which he gives. I examined the man sometime previous to the trial, and shortly after the homicide. I am well satisfied, as the Doctor has remarked, that the act was one of sudden violence, from bad temper, in a bad tempered man. The man was so ignorant that he could neither read nor write, and was intemperate. His history, as given to me then, was that of a quick tempered man, and of violent outbreaks at various times. I have always doubted whether in stabbing Hoover, Grappotte really intended to kill him. He was a very strong Catholic and devoted to his children. I think three had been drawn away from the church, and among them the boy then with him, and he told me that he believed Mr. Hoover was the man who got the children into the Protestant church, and that the remark made by Mr. Hoover whom he stabbed, was, "there is one Christian in the family any how," referring to the son who was with Grappotte. As Dr. Macdonald has said, there was a great deal of feeling manifested in regard to his insanity by some, and his sanity by others, but I think the general impression was that he was a sane man. The post-mortem examination made by Dr. Deecke was very carefully done, and at the request of the coroner. Subsequent microscopic examinations confirmed the history of the case. In New York State for the last two years, we have had several trials, and there has been a pretty general disposition to employ experts of experience, in connection with such local medical practitioners as may have had familiarity with the individual and his surroundings. In looking at the question of expertness in connection with the paper of Dr. Macdonald, and of which he has spoken, I can hardly see how any other rule can be adopted than that of calling the physicians who have personal knowledge of a man who is tried in their neighborhood. In this case, for instance, one was his family physician. The law in New York recognizes any physician as an expert, to the extent to which his knowledge rests upon practical experience. Under certain rulings of the higher courts any physician may be asked the question whether from the facts stated, or



the facts known and stated by him, he is prepared to give an opinion of the mental condition at a certain time, that may cover the period of the homicide, and you can all understand that having asked that question, the next one follows, what that opinion is, and on the cross-examination they are drawn out as experts. I think mistakes arise largely from calling speculative experts. I have heard a great many physicians say, both off and on the witness-stand, that they did not hold themselves as experts in insanity. I heard this from a very prominent medical man in Buffalo, recently. He said in the case of epilepsy, I alluded to the other day, that he was prepared to answer in proportion to the experience he had, but that he did not hold himself as an expert in the higher sense of expertness in *such* cases. This physician is an eminent expert in another department. I think it is the disposition of the best general practitioners to take this course. The Grappotte case, I think, was very thoroughly analyzed by Dr. Macdonald, and I am glad that he has given a report of it. A full analysis of such important cases tends to instruct not only the professional man, but the public generally, and to show to persons unfamiliar with these things how difficult and how responsible a position an expert takes, when he goes upon the witness stand.

Dr. HUGHES. I suppose that any gentleman, who has been much before the courts in these criminal cases, has had an experience somewhat similar to that of Dr. Macdonald. I know that my experience has been like his. It often happens that the courts and juries in determining upon the value of expert testimony, regard the number of witnesses, rather than the kind of testimony. Sometimes when three or four physicians who have had none of that practical familiarity with the insane, which we all recognize, and which the great Esquirol years ago pronounced as essential, to a correct knowledge of insanity, give a certain opinion in a case, they take this numerical testimony as preponderating, regarding that of all physicians of like weight. Dr. Stevens will recollect a case very much in point, that of Connolly who murdered a fellow convict in the Missouri Penitentiary some years ago, under the delusion that his bread was poisoned. It was this convict's duty to serve the bread to the prisoners. He had never done this prisoner any harm, and had done nothing whatever to incur his envy, dislike or animosity. Connolly secreted a knife several days before the occurrence and stabbed this man while he was serving him with what Connolly insanely imagined to be poisoned bread. It was a case of clear

delusion, and he was sent to the State Asylum at Fulton. He had been condemned to be executed for the murder of a woman, with whom he boarded, under the delusion that she had poisoned his food. They brought me from the Asylum to the Capitol to testify and to examine the prisoner. When I saw him I was soon convinced that he was insane. In court I was confronted with the testimony of the warden of the penitentiary, that the man was not insane, and the testimony of medical gentlemen in the vicinity who saw no insanity in him. The result was, the number being against me, the man was convicted. The prisoner had said also that the next man he intended to kill was the doctor of the penitentiary, because he had furnished the poison. Now the physician of the prison was cognizant of this fact; he was an intelligent gentleman, but lacking that practical knowledge of psychiatry, which none but experienced men know how to value, to form a correct estimate of mental action, concluded because this patient was not a raving maniac or a melancholic or absolutely demented, that therefore he was not insane. Well, the sequel was that this man was condemned and sentenced. The Governor, having some confidence in my opinion, selected a commission to pass upon the man's sanity. That commission consisted of Dr. Stevens and two other gentlemen of the State of Missouri. The consequence was that he was sent to the Missouri State Lunatic Asylum, and after from four to six months, while controlled by this same delusion and in constant fear of being poisoned by those about him, he committed suicide. This is one example that has occurred in my own experience. I know of another instance where the individual was regarded as not insane. He died in jail pending the effort for a new trial. It does not always follow that practical familiarity with mental aberration gleaned by long observation of the insane, gains the confidence of courts and juries. There are not wanting those who even make the foolish and wicked argument that knowledge of insanity impairs the power to judge of its symptoms.

Dr. EASTMAN. A case has lately come under my observation which illustrates that part of Dr. Macdonald's paper which referred to acts of violence committed by persons not regarded as dangerously insane. In the spring of 1872, a man was arrested at Worcester for some petty offense, but, as he proved to be insane, was sent to the hospital. His insanity was undoubted, he had delusions of a general and of a religious character. He eloped after three weeks' residence and seemed so quiet at home that he was allowed to remain, although his insanity was recognized and

he was known as "Crazy Jim." Early one morning last summer he passed a neighbor's house in which was an old lady, entirely bed-ridden from ankylosis of nearly all the joints of her extremities. He went into the house and, seeing her alone in bed, proceeded to exorcise the evil spirit with which he thought her possessed, by breaking all her limbs, throwing her upon the floor and stamping upon her, inflicting such injuries that she died in a few hours. She herself, upon her husband's return, told him that she had been injured by "Crazy Jim." The man was indicted for murder, but the Court being satisfied of his insanity ordered the prisoner to be sent to the hospital for life, unless discharged by the same Court or some Justice thereof.

Dr. CARLOS F. MACDONALD related a case which had come under his observation. (This will appear in a subsequent number of the JOURNAL).

The President announced as the next paper for discussion that of Dr. Camden.

Dr. HUGHES. I do not rise to discuss Dr. Camden's paper, but to supplement it with the statement that it was a member of this Association who, in this country, first translated Griesinger, Dr. Worthington; that another member of this body first translated Schroeder Van der Kolk, Dr. Workman; and another who gave us one of the two first books ever published in the United States on Diseases of the Brain, Dr. Brigham; and that some of the best contributions to mental pathology in the English language, of late years, have come from living members of this Association, Drs. Ray, Gray and Kempster.

I am glad the subject of aphasia has been brought to the attention of the Association, since the paper I have to offer is on that subject. The caption of my paper might properly be Aphasia or Aphasic Insanity. This lesion, within the last few decades, has been brought quite prominently before the profession, and I know of no subject of more importance in its bearings on certain recently mooted questions in cerebral physiology, touching the localization of function. Our faith in the conclusions of Fritsch, Ferrier, Hitzig and Bartholow, and their laurels may be somewhat dimmed or brightened according to the conclusions finally reached on this subject. I believe in the localization of cerebral function, but there are many who, like Broca, before his conviction, are still skeptical, and strenuously contest the evidence of overwhelming



facts. You will recollect, Mr. President, the circumstances under which M. Broca, who had been an opponent of the teaching of Bouillaud, became a convert to the doctrine of a speech center, having its location within the brain, and the famous challenge made by M. Aubertin before the Anthropological Society, of Paris, in regard to one of Broca's patients, then in the hospital for incurables, deprived of the power of speech, and how the confident Broca, accepting Aubertin's challenge, subsequently found the lesion in his patient's head to occupy the left anterior lobe of the cerebrum, renounced his former views, and located the seat of aphasia in the convolution which now bears his name.

The subject of aphasia may often acquire important medico-legal significance, as was the fact with the case I am about to read. The question of mental competency to do certain acts, such as the signing of important papers, and the conveying of power of attorney, may arise. A question as to the degree of concomitant mental impairment, if any, will almost invariably be raised, if important acts are performed by these patients, involving great pecuniary interests, or questions of responsibility to law are in question. Aphasia may be simple and uncomplicated, or complicated with hemiplegia, imbecility or insanity.

Dr. Hughes then read his paper on Aphasia or Aphasic Insanity, being the notes of a medico-legal case lately before one of the courts of St. Louis, in which different views were held by experts as to the mental capacity of an aphasic person.

At the conclusion of the reading, Dr. Hughes said:

I have not read these notes for the purpose of having them published, (though he has since reconsidered the matter, and the case will appear in the JOURNAL) but simply to lay before you what I consider a case of unusual interest, one of the most interesting that has ever come under my observation. Dr. Stevens and myself who entertained equally honest opinions on the subject, held opposite views. It was a perplexing case, but I felt, from a careful scrutiny of all the testimony, from the fact that Bevin had an adequate external motive, and that for a rational purpose he had learned within four months after his attack to write with his left hand, a thing he could never do before; from the testimony as to his appreciation of the nature, purpose and contents of the document he signed, the infrequency of his singular acts, and they



mostly the result of his paralyzed condition, or explainable in consequence of it; and the fact that the signing of the deed of trust was in pursuance of a purpose formed before his affliction, that he was in a sufficiently rational state of mind to appreciate the nature and purpose of the act of signature.

Dr. STEVENS. I am very glad that Dr. Hughes has presented this case to the notice of the Association. It is a case that excited a great deal of attention, on account of its giving rise to a civil suit in St. Louis. In contemplating this case the Doctor has brought to view the three conditions of this man. In the first place, he dropped on the streets from a stroke of apoplexy, perfectly paralyzed in mind and body. In that condition he was taken home. Dr. Hughes does not deny that he was perfectly paralyzed, that he had a perfect loss of mind and was carried home in that condition. Then again has the man recovered his mental faculties, apparently and perfectly, so far as we could judge of his mental condition? Dr. Hughes represents him as in this condition at the present time. Then an intermediate condition, which he does not state as I understand it, but he represents him in a state of complete recovery, to which he passed from that perfectly prostrated condition, leaving his body paralyzed from hemiplegia. Now the question for us to investigate as medical experts is this, was his mind sound enough at a certain time to be trusted with business? Now remember this man was prostrated and laid for weeks unable to feed himself or express a thought, or to attend to the proprieties and decencies of life. This condition continued for several weeks. He had occasion to sign a deed of trust on his property, whereby it would be involved to the extent of five thousand dollars. The question is whether the man was sound enough in this condition, to transact business. Dr. Hughes has admitted in his paper that about the time of the signing of these notes, there were certain indications of his mind being out of order. He could say one word only "nin, nin." He can say no more than that now, although he is recovering his mind. It was a perfect case of aphasia and agraphia; then he communicated by signs, and has acquired the tact to communicate in that way. The question for us to determine then, was, whether he was competent, and the Doctor and I have been on opposite sides, but I gained the case, I believe, and the Court determined from our testimony.

Dr. HUGHES. You had the jury.

Dr. STEVENS. It was determined that this man was not sound enough. It was contended that the man was strong enough, that

he had sufficiently recovered his strength in three or four months. It is true, as the Doctor says, that he knew he was signing a deed of trust, but was he able to carry on this transaction? It was testified that he would spit in his plate at the table, and that he did not observe the proprieties of life. That he was partially restored at this time I will agree. There were other indications of his mind being out of order, that were indisputable. I would like to point out these, but I have not the time.

Dr. COMPTON. Was this transaction all right in itself, or was it one of doubtful expediency?

Dr. STEVENS. It was a perfectly proper transaction. At the time of this attack he was engaged with another person in building a row of houses. He was to furnish five thousand dollars and his partner five thousand dollars. Then this affliction came upon him, and certain parties were interested, and others were not interested, in his carrying this out. Those who were interested were not idle, for in the meantime he had been taught to write his name, and they are the only words he can read or write at this time.

Dr. HUGHES. He wrote several things for me and I have them in his own handwriting.

Dr. STEVENS. That did not appear in court. I have tried over and over again and could not get anything more than his name.

Dr. HUGHES. I have other writings.

Dr. STEVENS. So far, so good. That was tried by his family physician. They tried to teach him to read and write, and could not succeed, except in the writing of that one word.

A MEMBER. Could he read and write before this stroke?

Dr. STEVENS. He could read and write; he was a master carpenter. He was not well-educated, but if not, he was successful in his business. It would have been well to have gone farther into the subject, but that was all investigated in court. We were all examined on these points, on thrombosis, theory of injuries, the convolutions, the theory of aphasia and agraphia, and so on. I have tried not to misrepresent Dr. Hughes in any respect. We have always had friendly discussions on this subject, and I do not believe we will differ widely, except as to his condition at this time.

Dr. HUGHES. I testified to his writing in court.

Dr. STEVENS. I admit that then, but if I ask him to point out Missouri to me on a map, he can not tell it by the name. If I write Missouri, he can not tell what I mean. If I take a map and show him where Missouri is, he can find it. He has a complete loss of ideas, of written or spoken language. He comprehends what is spoken to him, but he can not speak, neither can he write.

Dr. A. E. MACDONALD. It seems to me that the question in this case was not so much of sanity as of sufficiency of mind, and that there is nothing about the particular act in question to indicate insufficiency. The contracts of even undeniably insane persons are valid, if they are shown to be reasonable, and advantage has not been taken of the fact of insanity; and this act is admitted on both sides to have been a reasonable one, advantageous to the patient, and one upon which he had determined before his mind was at all affected.

Dr. HUGHES. I testified that the man was not able to stand any great mental strain—that I did not consider that he was able to pursue the business of builder, but that he had sufficient mental power to appreciate the quality of that act. That is the question. When it comes my turn to remark on this subject then I will explain.

Dr. STEVENS. I differ with him, that he did not have sufficient mental capacity to transact business. He knew what he was doing, and I believe he knew he was signing a note and a deed of trust. The question was whether a man in that imbecile condition of mind was competent to do that. At first, after the seizure, there was a complete loss of mind. Could that man recover sufficiently in the time mentioned to transact business? Although he may have known he was signing a deed of trust, was he so far recovered as to be trusted with the business of that note? Now I think, in murder and many other cases, it is admitted that though the person knows what he is doing; that is no evidence of his being perfectly sane. Insane men know when they commit murder. Here it is the signing of a deed of trust, and it was held that he was not responsible enough to do so. It was established beyond doubt by three physicians, and by the Catholic priest who visited him for months after that attack, that they all regarded him as weak and imbecile in mind.

Dr. KEMPSTER. Would the man understand the paper himself after reading it? Did he have the paper before him?

Dr. STEVENS. He can not read, but can understand what is read to him.

Dr. HUGHES. I will explain to the Doctor that no intelligence seems to reach his mind through vision, but by hearing parties he illustrated to my mind always a proper responsibility.

A MEMBER. Does he take any interest in his business?

Dr. STEVENS. No, sir; he does not now, or he did not a little before that time.

Dr. A. E. MACDONALD. I understood that he appreciated the nature of this action and its results, but it seems I was mistaken.

Dr. C. F. MACDONALD. If the action had been one of homicide instead of signing a deed of trust, would Dr. Hughes have regarded him as responsible?

Dr. HUGHES. If it had been an insanely homicidal act, I should not have regarded it as a responsible act, but if the nature and circumstances of that act had all the appearance of a sane act, and directed to a proper object, and executed in a rational manner, I should have considered it a sane act. Simply because he had hemiplegia and aphasia I should not consider that he could not have acted rationally. To sum up in brief the considerations which led me to the conviction that this man appreciated the nature and quality of that act, I will say that he contemplated placing this deed of trust upon this property when he was perfectly well; and after four months he executed the deed that he had contemplated; that for that purpose he had learned to write with his left hand. Now he had learned this difficult task of writing with his left hand in two or three months, (which I do not believe I could do myself), and the paper was read all through to him. It was in evidence that he appreciated what was read in his hearing, that when the description of the property was made he nodded assent, and pointed with his left hand to it in the deed of trust. After that he pointed to other property and shook his head. Then with his left hand he attached his signature with a bold hand to that document, and it was properly witnessed as well as subscribed. Now it occurred to me that this was strong evidence, as the signing of the deed of trust had been previously talked about and intended. He carried out a rational act for a rational purpose—to secure money and carry out plans made before his affliction. Having known all this and that these peculiar acts testified to were not habitual, and occurred not more than once or twice, and were all explainable by his paralysis or in consequence of it—not insane *habits*—I believed that he appreciated the nature and purpose of that act of signature. I testified that the man was not able to stand any great mental strain, that I did not consider that he was able to pursue the business of building, but that he had sufficient mental power to appreciate the nature and quality of that mental act. That was the question. Now it is easy to conceive how a person with one-half of the face paralyzed might once or twice, as the testimony states, and soon after the stroke, have spat in his plate without having intended to do so, and with



his face all awry have appeared to others once or twice to have made grimaces in the glass. His habitual expression, with one-half of the face paralyzed, was a sort of grimace, and any attempt to discover to himself in a glass the extent of his paralysis, would have appeared as a grimace. These are not the habitual acts of the insane. They do not seek looking-glasses in which to make grimaces. It would have been insane in him not to have shown his recognition and appreciation of his situation and surroundings upon going into the parlor. The bowing to pictures, once or twice, seemed natural enough under the circumstances. He made no grimaces at *them*. It did not appear in the testimony whether he spat in his plate or suffered the saliva to dribble in it, but the important fact with reference to all these acts regarded by the family as strange, is that they did not occur more than once or twice. Had these indecorous and unusual acts been of repeated occurrence I should have come to a different conclusion. If mental disease caused them instead of the paralysis, they would not have ceased after being repeated one or twice.

On motion of Dr. Gray, the papers under discussion were laid on the table.

The committee on resolutions made the following report, which was unanimously adopted:

At the close of its thirty-second annual meeting, and of its fifth visit to the city of Washington, the Association of Medical Superintendents of American Institutions for the Insane, desire to place on record the following resolutions, viz:

*First.* That the proceedings of this meeting, and the personal intercourse of its members, give new evidence of the great value of the Association as an important element in advancing the best interests of the insane, of detecting and exposing error, and establishing on a permanent foundation the most enlightened and humane system of treatment for this class of our afflicted fellow-beings.

*Second.* That this Association has had great satisfaction in visiting and carefully inspecting the Government Hospital for the Insane, giving, as it does, renewed evidence of the liberality and humanity of the public authorities in their generous provision for these unfortunate wards of the nation—and especially as showing very strikingly the fidelity, economy and ability with which the

appropriations heretofore made for its buildings and support, have been used on all occasions.

*Third.* That while recognizing the high position thus far deservedly held by this Hospital, which ought ever to be in all respects the model institution, to which the different States could look for a safe example when about making provision for their insane—the Association is reluctantly compelled to refer to an existing and obvious deficiency, which is sure to seriously impair its usefulness and lower the high standard of character which it has heretofore maintained.

*Fourth.* That the defect just alluded to consists in its greatly crowded condition, rendering impracticable the best matured plans of treatment, and certain to show in the future, in a still higher degree, the great and serious losses that must be sustained by this unfortunate condition of its wards.

*Fifth.* That this Association firmly believes that all these deficiencies and defects, can be remedied by the prompt provision of additional accommodations, which no plea of expediency could justify being made anything below the highest standard, long since adopted by this Association, and it would therefore, most respectfully commend the subject to the earnest consideration of the representatives of the people for whose benefit, this noble Hospital has been established, as one demanded by the strongest claims of an enlightened humanity and a true economy.

*Sixth.* That our thanks are due, and are hereby tendered, to Surgeon General Barnes, and Surgeon Huntington of the army, for the opportunity to inspect the admirable arrangements of the Barnes Hospital, at the Soldiers' Home, and especially its efficient system of forced fan ventilation, the entire success of which seems to be all that could be desired.

*Seventh.* That in common with all who appreciate the highest scientific attainments, joined to a purity of private character, that could not be surpassed, and the remarkable devotion of a long and laborious life, to the welfare of his fellow-men—this Association deplores the death of the late Joseph Henry, Secretary of the Smithsonian Institution. Especially is this so, from the great interest he always manifested in the welfare of the insane, his valued labors as one of the official visitors of the Government Hospital for the Insane, and for the many courteous attentions and valued services, for which this Association, and many of its members feel personally indebted.

*Eighth.* That the thanks of the Association are due, and are hereby tendered, to our esteemed colleague, Dr. Godding, for his unceasing efforts to make our stay in this city pleasant and profitable, and to all, who, as public officers or private individuals, have invited us to visit places of general and special interest, and for all courtesies extended; and we regret that our limited time has prevented our accepting so many of these invitations.

On motion, the Association adjourned to meet in Providence, R. I., on the second Tuesday of June, 1879, at 10 o'clock A. M.

JOHN CURWEN, *Secretary.*

## INSANE PATIENTS AND THEIR LEGAL RELATIONS.

---

BY FOSTER PRATT, M. D., KALAMAZOO, MICH.

---

The resolutions, declaring, from a medical stand-point, some of the legal relations of insane patients, which were adopted by the American Medical Association, at its late meeting in Buffalo, if carefully studied, will be found to have an important bearing on the medical jurisprudence of insanity. These resolutions are a deliberate declaration, by the representative body of the medical profession of the United States, of certain fundamental propositions, the intrinsic influence and force of which, as well as of certain logical and necessary deductions therefrom, will (it is hoped) be seen and felt in the establishment, in our country, of the legal relations of insane patients, on a basis in harmony with all just notions of the personal liberty of the citizen, and more than now in harmony with scientific and humane ideas respecting the early and efficient treatment of the disease.

These resolutions declare—

*First.* That insanity is a disease; and

*Second.* That personal restraint is an essential element of its therapeutical treatment.

*Third.* They also concisely state the distinction between the medical and police cases of restraint.

*Fourth.* They declare that proof of insanity justifies the therapeutical restraint of the insane person, with a view to his cure, just as fully as proof of his dangerous conduct justifies that police restraint which is intended to prevent injury, but not to cure disease.



*Fifth.* They declare that the natural or legal relation out of which arises the duty or the legal responsibility of relatives to care for a sick or insane relative, implies and involves their corresponding natural or legal right to perform that duty. From these doctrines we may derive this important *corollary*: From the natural or legal duty of relatives to care for their sick relative, we deduce (*ex necessitati rei*) *the right of the sick one to receive the care*; and the proper performance of this duty by the relatives, according to this right of the patient, *can not be a violation of the patient's rights of personal liberty*.

*Sixth.* They declare that in the care of the sick or insane, the legally regulated private hospital is *the legal equivalent of the home*; that in such hospital, and by its officers and physicians, as their legal agents, the relatives, at their own or the patient's expense, perform, better than is possible at home, their duty to their sick.

*Seventh.* While these resolutions recognize the power of a Legislature to prescribe the conditions (imperfect, unwise or even barbarous though they may be), under which patients, who are a public charge, shall be received in a Hospital or Asylum owned, controlled and supported by the State.

They furthermore declare, *the natural and absolute right of relatives*, with or without statutory permission, to treat a private patient, at their own cost, at home or in a proper hospital, but subject to such and only such statutory and judicial regulations as are necessary to prevent neglect or to punish abuse.

*Query.* Now, between that legal point where duty and right to care for a sick relative *begin*, and that subsequent point, in the legal history, where neglect or abuse *may be legally investigated*, a broad legal gap is

apparent, within which these resolutions clearly imply, if they do not distinctly assert, the right of relatives to *perfect freedom of action* in their care for their sick; and within this field, thus defined, they question the existence of a Legislative right or power to so regulate or restrain responsible relatives in the performance of their duty, as to destroy or materially to abridge *their freedom of action* under their natural rights to do their duty to their sick according to the promptings of natural affection and domestic delicacy, the nature and necessities of the disease and the requirements of an enlightened humanity. To illustrate: If a wife or daughter be delirious, or in a stupor, from fever, can the Legislature lawfully challenge the right of a responsible husband or father to call a physician—to call *any* physician—to treat her disease? If the nature of her disease or the conditions or surroundings of his home compel her removal to a legally recognized public or private hospital, and to the care of other physicians, can the Legislature or a Court lawfully interpose its power, and declare that this shall not be done except with her consent, which disease renders her legally unable to give or withhold, or, with the consent of a Court or jury which, it is true, may be given or withheld according to *a statute*, but not according to an intelligent appreciation of the medical and real necessity? When, in her delirium, she needs restraint, can the law-making power stay the hand of the husband or father (legally responsible for both neglect and abuse), from doing his duty in the restraint of his loved one, *under his inherent right to do it and her inherent right to have it done*? And if the right of relations to freedom of action, at home, when one of their circle is delirious, be not subject to statutory restraint, how are their legal rights changed by calling the disease insanity, which, in effect, is but a prolonged de-

lirium, or by removing the patient to a proper hospital, which, for the sick, is the legal equivalent of the home?

It is a legal maxim (and common sense too) that the exercise of a national or constitutional right can not be destroyed or materially abridged by statutory regulation. The law of Illinois requires a husband or father to drag a sick and insane wife or daughter, for many miles perhaps, and in any weather, before a judge and jury, that her insanity may be judicially determined or decided, before she can be properly treated or restrained of her liberty. Of such a law, we ask,

*First.* So far as it prevents, or denies, or delays treatment of the insane, in a *public* hospital, is it not cruel and inhuman, even if it be lawful?

*Second.* So far as it prevents or delays their treatment in a proper *private* hospital, is it not in derogation of a great natural right, and, *quoad hoc*, is it not *null and void*?

*Query.* Would it not be wise as well as humane, that States should consider their State asylums to be *public* as to all patients who are wholly or partly a public charge; and *private* as to those whose cost of maintenance is defrayed by themselves or their friends?

The recognition of such a distinction, on such a basis, by States, where private hospitals are absent or scarce, would tend to so shape the legislation that regulates admission to the asylum, as to bring it more in harmony with scientific and humane principles.

And would it not also be wise to insist, at all proper times and in all proper ways, that, in addition to the medical certificates, *State surveillance* of all asylums, whether public or private, is a *sufficient means* and the *best way* to prevent all deliberate or intentional abuses of the personal rights of patients, and an efficient agency also to rectify mistakes of judgment, if any occur, in the admission or retention of patients.

## S U M M A R Y .

---

—The Twenty-Ninth Annual Meeting of the American Medical Association, convened at Buffalo on Tuesday, June 4, 1878. On the evening preceding, a meeting of the Association of Medical Editors was held at the same place. Dr. John P. Gray, Editor-in-Chief of this JOURNAL presided and read a paper, which was an "Abstract of the law of New York State, in regard to the Commitment of Insane to Asylums, their detention and discharge, compared with the Statutory provisions of England."

In the American Medical Association, the Section on Medical Jurisprudence and Psychology, was presided over by Dr. Walter Kempster, Superintendent of the Northern Asylum for the Insane, Oshkosh, Wis., who read a paper on General Paresis, at its second session. At another session, Mr. Theo. Deecke, Special Pathologist of the State Lunatic Asylum, at Utica, read a paper on "Microscopic Examinations of the Nervous Centers." Dr. Kempster also read a paper before the General Association, on "The Relation of Pathology to the so-called Motor Centers." The following resolutions, which had been offered before the Section on Psychology, by Dr. Foster Pratt, of Michigan, and referred to the Association, were adopted by that body:

*Resolved*, That the personal restraint of the insane is an essential element of the medical treatment of their disease, the use of which as a therapeutical agency, may be justified by their insanity, just as the use of it, as a police agency, for the prevention of injury to person or property, is justified by their dangerous conduct.

*Resolved*, That while none question the necessity for specific statutory provisions for the proper restraint of insane persons who are wholly or partly a public charge; we maintain,



That, so far as it is the natural or moral duty of relatives and friends, it is also their natural and inherent right, whether declared or undeclared by statute, to restrain and to care for their sick or insane relative as a private patient, at his or their expense, in his or their home, or in a legally recognized and regulated hospital; and,

That the exercise, by them, of so much restraint as is essential to the proper treatment of his disease, is not a violation of his right of personal liberty; and,

That their duty and right, in this respect, are subject to State surveillance or legal regulation, only so far as may be necessary to prevent the neglect of the duty, or to punish the abuse of the right.

Dr. Wm. M. Compton, of Mississippi, was elected Chairman of the Section for the coming year, and Dr. L. M. Eastman, of Maryland, Secretary.

—The new State Asylum at Pontiac, Mich., Dr. H. M. Hurd, Superintendent, will be opened for the reception of patients on the first of August, proximo.

—Dr. H. D. Gardner, of Utica, a graduate of the Bellevue Hospital Medical College, has been appointed Second Assistant Physician to the State Asylum at Pontiac, Mich.

—Dr. G. A. Shurtleff has been re-elected Superintendent of the Stockton (Cal.) Insane Asylum.

—Sir James Coxe, Commissioner in Lunacy for Scotland, died at Folkestone, on the 11th of May, 1878. For more than twenty years he held that important position, devoting himself zealously to the interests of the insane. Early in the present year he published an able and interesting article on "Lunacy in its Relations to the State." His death was sudden and unexpected, and will be learned with profound regret by all interested in the insane, both in this country and abroad.

—Dr. Robert Gardiner Hill, the well-known advocate of non-restraint, died at his residence in London, on the 30th of May, last.

—Owing to the extent of the Proceedings published in this number of the JOURNAL, we omit the Notices of Books, Asylum Reports, &c., which will appear in the next issue.



### BOOKS RECEIVED.



*Commentaries on the Lunacy Laws of New York, and on the Judicial Aspects of Insanity at Common Law and in Equity, including Procedure, as Expounded in England and the United States.* By JOHN ORDRONAU, LL. D., State Commissioner in Lunacy, Professor of Medical Jurisprudence in the Law School of Columbia College, and Author of the Jurisprudence of Medicine. Albany, John D. Parsons, Jr.: 1878.

*Insanity in Ancient and Modern Life, with Chapters on its Prevention.* By DANIEL HACK TUKE, M. D., F. R. C. P. L. London, Macmillan & Co.: 1878.

*Physics of the Infectious Diseases.* By C. A. LOGAN, M. D. Chicago, Jansen, McClurg & Co.: 1878.

# AMERICAN JOURNAL OF INSANITY, FOR OCTOBER, 1878.

---

## AN ANIMATED MOLECULE AND ITS NEAREST RELATIVES.\*

---

BY DANIEL CLARK, M. D.,

Medical Superintendent of the Asylum for the Insane, Toronto, Canada;  
President of the Medical Council, and of the College of Physicians and Surgeons of Ontario; Formerly Examiner in Chemistry for the College.

---

Inquirers seeking in earnest investigation to find the basis of life, may be divided into three classes. The one class I shall call *subjectivists*, or those who study chiefly mental phenomena, and attempt to build up a system of philosophy from this source. The second class may be designated *objectivists*, or those who merely apply their attention to physical manifestations, and endeavor through them to solve all the difficulties which bar the way to a clear understanding of man in his multifarious relations. The third division may be styled the *eclectics*, who do not circumscribe their investigations to either body or mind, but on the one hand endeavor to know from all sources, whether a man be a unity, a duality, or a trinity, and what are the relations of this sphinx, which is continually propounding so many enigmas for our solution; or on the other hand, are seeking to find out if mind be a resultant or function of bodily forces and standing in the relation of effect to cause. The first class are pure metaphysicians, who adhere strictly to the study of mental modes.

---

\* Read before the American Association of Medical Superintendents of Asylums for the Insane, at Washington, D. C., on the 10th of May, 1878.

Many master minds have belonged to this class, but because of the circumscribed field of investigation, have made "confusion worse confounded."

These were divided into two great schools, viz.: The idealistic and realistic. The former reasoned away the existence of the whole external world, including our bodies, except what is known by inferential evidence; and the latter logically proved that mind had no existence as far as known. Between these contending scholastics we were asked to believe that both the *ego* and the *non-ego* had a mythical existence. The second class are now called materialists by theologians on the one hand, and by a certain school of physical investigators on the other. I do not say the term is a misnomer, but seeing it is so often held up as a hideous ogre to frighten the timid, and as those who really are such deny "the soft impeachment" in the sense of holding any views inimical to ethical philosophy, I have used these phrases to indicate these classes of thinkers, and which cover the whole ground of mental and physical research. The egoist declares that there is an entity called mind, affected by, but not being matter, although in intimate relation to it, and capable of exciting it to action in will, emotion or desire. He appeals to our consciousness for proof of our power at will to produce physical effects by exercising volition, and stirring to intensity the affections, not as a secondary but primary cause. He holds that these efforts are initial, and are not primarily sensational. The basis upon which he builds is surely worthy of more consideration than a sneer. In such a simple physical act as that of raising my arm consequent on a volition, I ask the *objectivist* to tell me, if the primary impulse be a command of the nerve molecules to do so; and if so, what gave them the hint that this illustration was required



at this opportune moment? I wait for a reply, and am told that my will to do so, is only a function of these molecules, and can not be at any time an initiatory impulse. In some mysterious way they got to know that this movement was required at this particular time. In other words, it is necessary in every volition to suppose a goading primary sensation and consequent reflex action from the power developed. It is held the same is true of memory and the wildest flights of imagination. My will, imaginings, reminiscences and consciousness, are said to be the *results* of acts of the brain, which determines in an autocratic way their intensity, kind and variety, being amenable to no motive power higher than itself and the law by which it operates. Mental activity thus becomes a sequence of antecedent brain manifestation. The wild impossibilities of Milton—the creations of Shakespeare—the word picturings of Homer, Tasso, Dante, Scott and Longfellow—the wonderful combinations of Mendelssohn, Handel or Mozart, are only fortuitous presentments of a Molecular Grand Jury knowing no master *ab extra*—receiving no promptings but through sensation, and heeding no dictation independent of themselves.

The argument adduced by the objectivist seems to be, that there is no reason to assume an *ego* distinct from the varied functions of nerve molecules. The manifestations of the brain, of the spinal cord, and of the sympathetic system, can all be explained on physical grounds, he says; therefore, there is no need for laying down a spiritual hypothesis to account for that which natural laws explain. It will be my endeavor to prove the existence of a *psychical* power resident in nerve tissue—not in the relation of organ and function—but in that of organ and exciting agency, by parallel reasoning based on the phenomena of nat-

ural law. The physical system can be raised on a high pedestal of wonderful complicity and power, and at the same time mental modes need not necessarily be considered as a resultant of its activity, in order to unravel all its mysteries. There is a power or substance continually acting upon matter, from its lowest to its highest forms, which is the cunning workman that builds up the ultimate elements of organic matter, whose presence in the human body is evident by phenomena the most complicated and marvelous in the animal kingdom. This is called electricity in its simplest form. I will call it *vitalism* in the second series of its operations, and *psychism* in its highest manifestation in the more complicated groups of the animal creation, including man. These three substances are possibly developments of one active fluid—the latter including those in the lower forms, just as the brain of man is built up by this force in a more elaborate way than is done in the simple ganglia of the lower creations. The cunning of this workman is known by his handiwork. I will endeavor to show that the molecule, about whose creation so many scientific battles are being fought, does not create mental modes, but is only the medium of their manifestations, and that a common ground of agreement can be found in calling the psychic force—the ego—the highest development of that entity called magnetism. It is a substance more subtle than the ether which pervades all nature, and we have no reason to believe that grosser matter could possess sensible properties without its cohesive power.

With the permission of the Association I will condense a few general remarks on electricity, before considering its relation to the nervous system of man. The latter connection is very important to every student of insanity. It will be my endeavor to rigidly apply

the same principles of reasoning adopted by the pure scientists, and draw no conclusions they would not readily admit as legitimate from the premises adduced. I wish to show briefly:

*First.* That it is not in accordance with physiological and pathological facts to call mental phenomena functions of the brain.

*Second.* That no evidence adduced has satisfactorily established the localization of mentality beyond the focal point of nerve tissue in the basal ganglia of the brain.

*Third.* That brain power is not dependent on the size of the organ only, but requires many other conditions to manifest its durability and intensity.

*Fourth.* That psychic force correlates to some extent with magnetism, and is probably a higher power of the same substance, and presumably is the most subtle form of material existence known to man.

*Fifth.* That this entity exists in the nervous system of all animals and beings possessing this structure, not depending on a molecule for its existence, but, on the contrary, the molecule could have no being without its constructive power. The maker of the molecule necessarily antedates the creation, and manifests the occupancy of the tenement in a series of functions numerous and complicated.

*Sixth.* That the intensity and complicity of mental modes, *cæteris paribus*, do depend on the condition and capacity of the organ, and that the intellectual and moral powers decrease in a certain proportion, as the instrument diminishes in efficacy (as a magnet decreases in power according to its size), until only automatic or reflex life remains. In other words, the descending series of *psychism, vitality, electricity*, leave in the in-

verse order to that in which they built up the system, until dust to dust manifests the ultimate elements in their primal form, with only a low grade of cohesive power remaining.

*Seventh.* That the different phenomena of mind in health and disease can be explained satisfactorily to my mind, if the views stated be accepted without leading to illogical conclusions.

*Eighth.* That no appeal has been made to arguments and deductions beyond accepted phenomena, and only by legitimate conclusions drawn from evidence furnished by the senses.

We see the intimate relation existing between the ego and non-ego in the influence the one exerts on the other. Dyspepsia will give the patient that mental despondency which vulgarly goes by the name of the "blues." It is also true that strong emotion, or any mental shock, unexpectedly excited, at once affects the stomach, in disturbing its digestive powers, and in suddenly quenching all sense of hunger. Local causes will produce constipation, or flux of the bowels, or, it may be, retention of urine in the bladder, without the invasion of disease, but mental excitement or anxiety of any kind will produce the same results. Violent exercise will increase the heart's action; so also will sudden fright. Friction of the genital organs will excite them; the same results will be produced by prurient desires, either aroused when awake or asleep; on the other hand sexual excitation will be quenched by sudden fear. There is not an organ of the body but can be affected through mental influence. We shall see if this mentality can consistently be called a function of the organs it is assumed to have the power to rouse to action, or in other words whether an *effect* can perform the impossibility of being its own *cause*. These



dual phenomena have never received a satisfactory solution by looking at them only in one of their aspects and at the same time ignoring the other. Like the valiant knights of old, each school is prepared to fight for the truthfulness of the inspection of the face of the shield next to themselves, ignoring any other aspect. The wonderful force I am about to consider, explains this double influence. The myriad telegraphic offices in the body are in constant communication with the great central depositories of nerve force, called the cerebro-spinal system. There is not a part of the physical system, however apparently automatic or organic, but is in some intimate relation to this cardinal motor power, and which necessarily responds to its influence. However multifarious the functions may be, each according to its kind, yet they are all within call of these centers. They are the primary conservatories of vital power and energy. Like armies in action, while fighting a stern battle against dissolution, they are within supporting distance of one another. The most remote organs from these centers are within reach of their influence. In the same way are those which belong to what Mr. Paget calls the "rhythmic nerve centers," *i. e.*, the organs of respiration, the heart, and the alimentary canal. A certain kind of electricity is essential to the existence of physical life. Its absence means death, and on the other hand it increases in intensity, or diminishes in force, according to the degree of mental or bodily health. Now, by a parity of reasoning, if this power be neither a primary nor secondary quality of matter, *i. e.*, not essential nor accidental, in any medium in which its energy may be manifested, it is not so monstrous to infer, by analogy, that mind is a unity of a subtle nature, like magnetism, but of a higher order of influence; it is directed and circumscribed in the

same way, by the body in which it resides, but at the same time equally capable of producing changes of a material and vital nature, in the different substances which it permeates with its influence, without being a secretion, quality, or condition of any of them. It is not my intention to inquire whether the higher power is an evolution from the lower, or whether each has a distinct creation, origin or existence. Suffice to show that this entity in the series of its manifestations does not depend on gross matter for its being, but on the contrary, the form and continuity of such matter are results of its operations.

There is a vast difference between the utmost boundary of the field of scientific investigation, and nature's laboratory, in building up structures of multiform complexity, out of the monads or molecules of matter. It is not in opposition to the severest rules of the inductive philosophy of a positivist to use imagination where observation can not go, and by analogy judge the unknowable from the knowable. We infer that a quantity of water has interstices between its particles, because we can compress it somewhat, and also dissolve a soluble body in it without increasing its bulk; but no human eyes ever saw these openings between the molecules of water. Cold is applied to water, and as a result it contracts, until it reaches the temperature of thirty-nine degrees Fahrenheit; when in violation of any well known law, by some unaccountable freak the liquid expands, and in its expansion becomes solid ice. This is a process in its elements most strange, but beyond our ken. This ice may be melted, and it may be minutely examined through the microscope, but no change can be seen in its physical appearance. Send a current of electricity through it and great changes take place in its condition; the particles of water are made

polar in a diamagnetic manner; the water is changed as a medium to transmit light, for a ray in its passage through it is twisted in a definite way, under this influence, not seen in water not under magnetic power. We can legitimately imagine that the molecules have been marshalled by this new force into other positions, but the *how* and *why* are matters for speculation, yet, in this phenomenon is a strong inferential proof of the change magnetism makes in the position of the ultimate elements of water. This movement or change is even more striking in solid bodies. Boyle, in his tract on "The Languid Motion of Bodies," shows that even compact bodies, such as turquoise and agate stones 'change in their' molecules, and that spots in them shift their relative positions continually. The *platina* of antiquarians found on ancient coins is only the copper of the alloy having found its way to the surface during centuries of molecular action. The other metals of the combination were not as active as the copper in the magnetic race. The term *inertia* is a misnomer, for it is not a condition of matter any where in universal nature. This electrical state of motion and adhesion, can be observed in a simple way, by the tenacity of surfaces in contact, whether solid or liquid, and in the electricity evolved on their separation. This is best seen if glass be laid on the surface of mercury, or melted sulphur brought in contact with glass. The same is seen in capillary attraction, which experiments have shown to be from electrical results. These are evident in the minute arteries, which are filled with arterial blood, surcharged with oxygen, and that seeks with avidity the interstitial substances, satisfying the wants of the system, and through the veins carries the effete matter to the outlets of the body, but were it not for this subtle agent there would be stagnation and death. The same attraction

and repulsion is seen in the pulmonary and portal circulation. The molecular supply of blood to nerve-tissue, is doubtless a counterpart of this work, going forward elsewhere, on a larger scale. The objectivist says these processes are as mechanical or chemical as is the formation of a crystal or capillary attraction in a lump of sugar, a sponge, or a glass tube. It may be the same power but of a far higher order—shall I say a *Darwinian* development of it? The wonderful law of *selection* is not considered. This power uses a few primary elements to build up new substances, of the most complicated and diverse kind. We may sow in a box of uniform earth, the seeds of different plants; they are watered by the same fluid; heated by the same sun, to the same degree; grow in every way under the same external influence, but each will produce its kind. Selecting from these simple foods what each requires, and grouping with a master hand, the most harmless elements into rank poison, innocuous floral beauty, or luscious fruit, in keeping with the powers of each. The food we eat may be of the most heterogeneous kind, yet, nature's laboratory, by a more complicated, but similar law of selection, forms out of these the secretions, and the myriad variations of substances in our bodies. True, the law that operates to form the chemical models in nature, as in force in these more complicated bodies, but above and beyond the simpler types of force, is an energy more intricate in its handiwork than can be produced in the world of chemistry, and whose patent right to manufacture, no power in the lower stratum of force can even approach in beauty and complexity. Alcohol can be made out of starch, but no cunning of chemistry can do what is undone and make starch out of spirits. We can reduce to their ultimate elements all organic bodies, and the varieties



are so few that we can count them on our fingers, but with the same elements at our command we can not reconstruct the simplest cell by chemical art. My dinner may be composed of roast beef, plum pudding and pumpkin pie. This meal builds up the millions of various substances in my body before I go to bed. I defy the ultra scientist to draw a successful parallel between this and any law of crystallization. We are asked to believe, in the face of facts such as these, that water, a crystal, a grain of corn, an egg, and animal bodies are all built up by exactly the same agency, in its lowest power, and that the vegetable and animal worlds are only multiples of the grosser forms of matter, thus making "vital force" a myth of the despised metaphysicians. A crystal can not produce its like as a cell does. It can not repair injury to it as life does the waste of tissue. Friction will reduce the size of the one, but the living form thickens by its application to the other. Vitality will rush to the rescue when a cut is made. It will join the ends of a broken bone and surround the breach with additional safeguards. Chemistry can show no equal to the law of diffusion. We can not imitate respiration in the laboratory by exchanging oxygen and carbonic acid through the same septa at the same time. We might enumerate in an endless catalogue, and put in antithesis the great difference that exists between chemical and vital processes.

The school of objectivists classify the beginnings, varieties and movements of all forms of organized life into a group of "affinities." According to the class of thinkers these may be called *chemical*, *elective*, *organic* or *inherent*, and if these terms are not satisfactory to the opposite class of inquirers, refuge is taken in the definition that "molecular life is a co-ordinating power." I contend that all these terms refer to one and the same

substance—call it electricity, magnetism, odic force, or what you will, and is not a necessary quality of matter; but, on the contrary, all phenomena of matter go to show that on its cohesive power the existence of matter depends. It must necessarily antedate organized substances, unless a miracle takes place, and a molecule can originate itself. It is hard to say, however, what wonders of this kind may transpire when a great philosopher like Mill can say that it may be possible for two and two to become five, and that a part may be greater than the whole in some other condition of mind. That “condition” should only be found in the ward of an asylum. Herbert Spencer is forced reluctantly to admit (*Biology*, Am. Ed., page 167): “It may be argued that, on the hypothesis of evolution, life necessarily comes before organization. On this hypothesis, organic matter in a state of homogeneous aggregation must precede organic matter in a state of heterogeneous aggregation. But since the passing from a structureless state to a structured state is itself a vital process, it follows that vital activity must have existed while there was yet no structure; structure could not else arise.” Lionel Beale says, grudgingly, (*Bioplasm*, page 209, Ed. 1872): “The vital power of the highest bioplasm in nature is the living *I*.” Darwin calls this power “innate” in defining life. This may mean much or nothing. He vaguely applies it to that *something* in organized nature; that invisible builder known only in his works; that which the microscope has not brought to view; that which the scalpel has never laid bare; that of which the chemical tests have not found out its affinities, and the *spectrum analysis* has not displayed its color to the eye. Man may be said to consist of a collection of living cells, or organic monads. These have a dynamic union in which resides a power whose

crowning phenomenon we call consciousness. All the phases of mind knowing are in the latter, and one physical cell is the equivalent, prototype or representative integer of a multitude that constitute the body in its completeness. These distinct individual cells may have varied functions, but the vital energy controls them, prevents antagonisms, and procures concord of action to accomplish unity of purpose.

We see organisms of the lowest order multiply their kind by a division of themselves. This inherent power causes these separate parts to have a family resemblance. Each of these has a power to move, to feed, to grow, to multiply and to have a harmony of action in all their parts. No such complicity of power can be seen in chemical action and affinity. Then, look at the laws of heredity—the transmission of peculiarities of disposition, of idiosyncrasy, of resemblances, of tendencies to particular diseases, of constitutional and physical appearance to both parents in one case, in a second to only one, in a third to neither; of stupidity producing intelligence, and genius begetting mediocrity; of so much in common between parents and children, yet so much diversity in the nearest approach to likeness, even among the members of the same family. In the descending series of existences this diversity decreases until we come to the sameness of crystallization. The building power is more circumscribed in its capacity, although more general in its application, the lower it goes in the scale of existence. Look at the strange tendency toxic agents have to assail distinct portions of nerve tissue, as if each section had a different molecular arrangement. Strychnia, aconite, opium, alcohol, prussic acid, belladonna, select their locations with unerring aim whenever they come in contact with a nervous organization. There is no

reason to believe this law of selection lies in the poisons alone. The ultimate elements of nerve tissue may differ in each section. In lower nature we have the laws of cohesion and attraction, evidencing the one force called electricity. This power exists in the wide domain of matter animate and inanimate. The primary elements of all bodies are kept together by its cohesive power. It is indispensable to existence and compactness of outline. A remarkable form of this force is seen in animal magnetism. This pervades all our nerve centers, and their prolongations. It permeates the primitive fasciculi of muscle and binds them together. This animal magnetism will produce the same phenomena as frictional and atmospheric electricity. It affects the needle of the galvanometer, decomposes iodide of potassium, produces light and heat, and gives severe shocks such as are felt in the electric discharges of the torpedo or eel. The law of the correlation of forces is thus made manifest by this agent. Light is eliminated from the black hair of a nervous person, with a vulcanized rubber comb, or by friction from the fur of a cat, in a marked degree, and heat is generated at the same time. It is present in muscle and nerve only during life, and as long as the natural warmth remains, but is completely absent in *rigor mortis*; yet if warm blood be injected into the limbs of an animal after rigor has set in for a few hours, relaxation will return and with it animal magnetism; even contraction will be induced for a short time. If artificial or extraneous magnetism should be used to excite nerve or muscle while it occupies this medium, there is no evidence of the presence of natural inherent electricity; it seems the two can not co-exist in the same body at the same time. It is easy of demonstration that the fasciculi of nerve and muscle have in each, two antagonistic states of electricity. In the



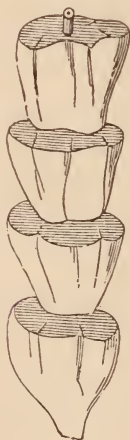




M. Dubois-Raymond puts the ultimate nerve and muscular fibres in the above bead-like shape. The poles would be, in the natural relation in a negative magnetic state, and the equator in a positive state. He holds that each molecule has in it these two potentialities, instead of dividing these opposing influences into distinct fibres. Each view is practically the same, and explains satisfactorily all the phenomena of animal magnetism.



According to Radcliffe we may suppose the above a nerve or muscular fibre. The white is negative and the dark positive magnetism. In spasm, convulsions, &c., this natural condition may be reversed, in whole or in sections, and as in electricity attraction or repulsion would be the result, according to the law which operates when *plus* or *minus* conditions come in contact.



This is a magnetic pile made by the juxtaposition of four frogs' thighs. This battery will distinctly affect the galvanometer, decompose iodide of potassium, and display a high degree of tension when permeated by natural electricity.

(From the experiments of Matteucci of Pisa, and Dubois-Raymond.)



By pinching or irritating any way the nerve of the rheoscopic limb (a) "induced contractions" will take place in "b." The influence crosses the isthmus made of cotton-wick between the two limbs, in the same way as electricity would traverse it.

(Vide M. Beuquerel "Ann. de Chim.")

natural condition the surface of each is in a positive state, and the core of each is in a negative relation; in other words, the longitudinal and transverse surfaces are, as a rule, relatively in the antagonistic conditions. Strange to say by irritation, heat, or the occurrence of death, a complete reversal of these magnetic relations takes place, not only so, but sections of nerve or muscle may change in this way, other sections remaining in the natural relation. Statical electricity in a state of rest is the primary condition of this power in these tissues, and in action magnetism usurps the place of this potent fluid, or rather it is a higher manifestation of the same energy. All physical action is accompanied by electrical discharge. In the experiments of Matteucci, Du-Bois-Raymond and others, this is clearly demonstrated directly and by analogy. The nerves of the electric system of a torpedo eel spring from the anterior track of the spinal cord, and at the periphery of each are the same complicated plexuses analogous to those in our bodies springing from a similar source. If the nerves of each are divided in any part of their course, both are equally affected by paralysis, and if shocked by electricity both show activity in an analogous manner. They are similarly affected by the application of toxic irritants, especially by strychnia, which induces in both convulsions and the elimination of electricity. Both become exhausted by action and return to their normal tonicity by rest. In a word, what can be predicated of the one, can be affirmed of the other, in all respects. If the nerves of the rheoscopic limbs of two frogs are only connected by water, or by candle-wick saturated with water, and the nerve of one is pinched, or any irritant applied, the magnetic fluid will traverse this foreign isthmus and cause contraction of the distal limb, showing conclusively that when electricity is

given off, the muscle or nerve is in action, induced from any such exciting cause. It need scarcely be added that when muscular or nervous energy exists from the action of this agent, heat is generated. This correlation is universal. This transmission of nerve force explains much that is otherwise inexplicable, where there is diffuence or disorganization of nerve tissue, for even then its power of conveying this agent is not destroyed. It is even asserted by pathologists that the appropriate function is still preserved, through broken down tissue. This fluid is put in motion by friction and irritation on the one hand, or by volition, emotion, affection or desire, on the other. The nerves are excited by these currents, when the repulsion of the ultimate elements from their natural state of rest are temporarily reversed; in chronological order the same results follow in muscular fibre. This brings sections or molecules into apposition in their natural polarity; *plus* forces or *negative* states, in respective contact, will result in contraction of the parts affected. This condition explains the sudden invasion and departure of pathological causes, accompanied by spasms, fits, convulsions; also, the rhythmic movements of so-called automatic life. In this act of shortening, electrical action produces heat, and with it, ultimately, exhaustion, analogous to that seen in the torpedo. In chemical union or decomposition, the same effects are always seen, and living tissues are not an exception to this general law. These changes of conditions from positive to negative, and *vice versa*, are sudden in their effects, and may be transitory. Exciting causes may continue then for a short time, until feeble action compels at least intermittent secession of this condition, in order to give time to accumulate fresh force, as is the case in a battery. We can not grip continuously. We suffer when we keep our body in one position for a



length of time. The periodical emphasis of the lungs, the heart, the bowels, the uterus, and it may be also of such busy laboratories as the liver, the kidneys and the stomach, show the necessity of these periods of rest, not to speak of intermittent sleep to the weary brain. We can not think without periods of rest of longer or shorter duration. All careful experiments go to show that any of these movements must be accompanied by a corresponding interchange between the external and internal magnetic relations of muscular and nervous fibres, giving out heat and throwing off decomposed matter during this activity.

This partial reversal of sections of nerves and muscles in their electrical relations is doubtless a normal condition. Huxley in his "Lay Sermons" seems to show this when explaining the circulation in a nettle sting. He says:

The whole hair consists of a very delicate outer case of wood, closely applied to the inner surface of which is a layer of semi-fluid matter, full of innumerable granules of extreme minuteness. This semi-fluid lining is protoplasm, which thus constitutes a kind of bag, full of limpid liquid. When viewed with a sufficiently high magnifying power, the protoplasmic layer of the nettle hair is seen to be in a condition of unceasing activity. Local contractions of the whole thickness of its substance pass slowly and gradually, from point to point, and give rise to the appearance of progressive waves. But in addition to these movements, and independently of them the granules are driven in relatively rapid streams through channels in the protoplasm which seem to have a considerable amount of persistence. Most commonly the currents in adjacent parts of the protoplasm take similar directions, and thus there is a general stream up one side of the hair and down the other. But this does not prevent the existence of partial currents which take different routes and sometimes trains of granules may be seen coursing swiftly in opposite directions within a twenty thousandth of an inch of one another; which, occasionally, opposite streams come into collision and, after a longer or shorter struggle, one predominates. The cause of these currents

seems to lie in *contractions* of the protoplasm which bounds the channels in which they flow, but which are so minute that the best microscopes show only their effects and not themselves.

In plant or animal, heat and electric shocks cause contractility in the same way and under similar conditions. This primal form is subject to laws of vitality and growth such as is seen in more complicated physical existences. It has in it these potentialities, and the experiments of eminent scientists go to show that electrical shock causes contraction of many of the first organized forms of life, and it is fair to infer it in all, were our knowledge extended. In a paper recently read before the Royal Society it was clearly shown that such plants as those of the *Dioncæa* genus especially the Venus fly-trap not only secrete a juice as solvent as the gastric fluid and capable of performing the same work, but in the contraction of the lobes of this pitcher plant upon its food it gives out an appreciable current of electricity at every closure analogous to that obtained from the nerves and muscles of animals.

This also explains the flow of fluids against the laws of gravitation and which are vaguely stated to flow on account of the chemical reaction between the external moisture and the internal juices of the plants, excited in some way by atmospheric disturbance. This response to stimulation is analogous to that seen in the animal economy: even the change of direction of this fluid modifies and varies its action.

If a current of electricity be passed from the neighborhood of the nerve centres towards their ramifications, the result is violent contraction of muscle.

A current sent from the peripheral loops in a contrary direction will cause great pain, but only slight contraction. The power and medium are the same in both cases, but there is no doubt that the polar conditions

of the molecules of the nerves are changed by the difference in the direction of the force, if not, the effects would be the same in both directions, as on a telegraphic wire, when a message is sent from either termination. This difference of effect based upon change of direction is seen in the nervous excitations of sensation and volition.

To understand what follows, it is therefore necessary to remember that (*a*) what is called "voltaic alternatives," is a remarkable phenomenon, which is experienced when a *direct* and an *inverse* current is alternately sent through a section of nerve, it loses and gains its natural electricity, synchronous with the intermissions, and in the same degree as the loss and recovery of it, with irritability. (*b*) The influence sent through a nerve causes the muscle in which it ramifies, to contract when the galvanic circuit is closed, and not when it is opened. (*c*) A continuous action of magnetism will at last produce paralysis of the part affected—or in other words its irritability is lost, and in this deprivation it can no longer receive nor transmit impressions. Did time permit, it could be shown that in these changes we see phenomena that make it possible to arrive at rational conclusions in respect to the sudden invasion of such attacks as those of paralysis, epilepsy, St. Vitus' dance, hysteria, and allied nervous disorders. To illustrate the nerve influence by what we know in electricity, take two wires and place them parallel to one another, without touching; send a current through one, and a flash of electricity will instantaneously pass through the other, synchronous with that in connection with the battery. This wave passes away and is not repeated except the connection is broken, when the same results are obtained. These intermittent impulses, on connection and breach of continuity, can be repeated

indefinitely. In the connection the two currents go in the same direction, but break it and the secondary current returns in a contrary direction. In this way the two currents can be made to pass forward and backward, with regularity of a weaver's shuttle. It is worthy of note that the return current, induced by the break of connection, is much stronger in this parallel wire, on the "home stretch," than is that running in the same direction as the fluid in the connecting wire. If a number of insulated wires are coiled spirally round the primary wire, instead of running parallel to it, not only will these intermittent currents be produced, but also an extra or third current is produced in all the wires, no doubt induced by the magnetic influence of one upon the other. These facts will be of importance when we come to consider nerve influence, especially when we find that the larger the wire, the greater the number of spirals, the more powerful is the magnetic influence. The larger the healthy nerve is, the more capable it is to transmit magnetic power, in proportion to its size. Apparent exceptions do not violate this law. The point of a pin makes a limited impression on the end of my finger, yet, small though the injury may be, the nerve disturbance is considerable. There is no reason to believe that the irritation is confined to the fibre of nerve injured; nor that the influence travels to the nearest ramifications, and from them sends messages of alarm to the neighboring surface, as well as to the seat of sensation. According to the laws above mentioned, synchronous impulses can be sent through adjacent nerves, by induced electric currents, and at the cessation of excitation a powerful return current is set up, which produces the contraction of muscles, even before the will has power to act. I need scarcely add that a large number, if not all, of physical automatic



action can be explained in the same way. It is the same in disease. A circumscribed injury will produce tetanus, or paralysis—effects out of all proportion to the local lesion. A few writhing worms in the bowels of a child, or a tooth keeping in constant tension a small portion of gum, will produce convulsions. A sudden emotion when we are awake, or the *phantasmata* of a horrid dream, will produce startling physical effects, although the cause be subjective. The centric excitant is equally strong to the objective when it dominates.

The inference, therefore, is strong that this substance gives impulses in and through itself, by filling the body it occupies, in all its interstices, and vibrating from the point of perturbation through *monadic* contact. This is seen in the telephone. The voice—or in other words the undulating air—is not sent through the wire, but the vibration takes place in the medium, through its molecular structure, possibly in an infinitesimal degree, without any onward movement of the substance thrown into action. The reproduction of the nicest modulations of the human voice at the distal end of the telephone, is only a repetition of the motion continued, as is seen in the wave movements of a rope. The sound can be transmitted through a septum of boiler iron, or marble, as easily as through a thin membrane. This result can be produced without magnets, in the same way, with a thread as a means of communication. In fact, this power responds to the same tests, as if it were a subtle form of matter. It may be proper here to say that this manifestation of force is known in an exceptional manner to that of light and heat, showing that it does not, in every particular, correlate with these two forces, and must differ from them in some material way. Take a wire of unequal size, and place it between the two poles of a battery. Where this con-

ductor is smaller, there it heats more rapidly. In other words it condenses, and becomes more intense where the way is narrowed, as a stream becomes more impetuous where it is pent up by banks or rocks. Another illustration will show this: take a nodulated glass tube, in which the air is rarified, pass through it an electric current, which may be seen as a luminous spray. Where the tube is narrowed, the light condenses and becomes more bright; in other words becomes swifter in its flow the more it is confined. Here is a well known law of fluids in operation, and not mere force. The same experiments may be made with sound, light or heat, and it will be found that they do not condense and flow onward with increased intensity, but that they are refracted or reflected into or from the medium. Herein, even in this primary form, lies a radical difference in the phenomena of these forces, and leads me seriously to question their entire correlation. I have not the least doubt that in the wonderful phenomena of Edison's phonograph, in which a vibrating tympanum, a steel point, and a revolving cylinder covered with tin foil, can act as do the two complicated organs, the ear and the vocal parts, it will be found that the minute impressions depend on the molecular condition of the surface. Were it not so the ten thousandth part of a variety in the receiving of speech and giving it out, must change its character entirely. Thus far I have briefly indicated salient points in the phenomena of *magnetism*, and the analogous, but more varied force, which I have designated *vitalism*. The latter always includes the former, as a substantial energy. We can see that in *psychism* the two former are necessary to the latter, and that the trinity is indispensable to mental existence—shall I say—being mental life itself.

Thus far I have stated a few general principles. It is not too much for the egoist to ask that an analogy

be drawn between the laws that govern matter, and those that he asserts controls mind. In fact, he is dared to do this, and is promised, as a result of his research, utter discomfiture. He at once proceeds to do so by drawing parallels. For example, the pen-knife in his pocket has no magnetic power, but let him rub it along the pole of a magnet and the peculiar property of attraction in the magnet is communicated to the steel blade at once, without reducing this mysterious power of the magnet. Let the friction be reversed and this virtue is lost again. This inter-change can be carried on indefinitely. Here is a wonderful property induced and lost by gentle friction in a hard metal. How would it do to say that this manifestation of magnetic iron is a function? I take a piece of cold steel and a lamina of equally cold flint, and go out on a Canadian winter night, with the thermometer ranging from  $30^{\circ}$  to  $40^{\circ}$  below zero. I strike them together; heat and light are evolved from most unlikely substances under external conditions unfavorable to both. Would a philosopher call these evolved phenomena functions of matter? A savage on a lone island has lost his fire, and at once the friction of two pieces of wood eliminates heat and kindles into activity that power called fire. Why not call this element a secretion of any substance in which it resides, from which it can be abstracted, and which is the resultant of inherent forces as potent and active as in any organ of the body? Experiment shows that the active motion of all such bodies, whether by friction, by chemical union, or by vital processes, only make manifest these powers, but we would fly in the face of scientific investigation were we to say that all such forces which correlate were productions of these media. The molecules of the nervous tissues are put in similar activity by the irritation of contact, friction or

excitation; the result is heat, light, electricity. These are imponderable forces, of which we know nothing beyond their evidence of potential energy. A sudden emotion, a desire, a volition will produce evidence of these convertible forces in the animal system. As in the knowledge of material phenomena, or in the study of electrical force, it is not unscientific to assert that we have in self-imposed conceptions the evidence of "an invisible, supersensuous" *something*—a dynamical agent—a material force, it may be, which, at will, can, independent of sensation or automatic life, cause the excitation of nervous or muscular molecules, as efficiently and truly as is done by *ab extra* agency. The knowledge of force is as strong in the one example as in the other, and both are equally knowable by phenomena, and these only. Electricity excites molecular action, and through its action on matter we are cognizant of its existence. The so-called vital force is denied to these bodies, even in the lowest form, yet the same laws of chemical and electrical affinity are brought to play to build up a crystal, a grain of wheat, a muscle or a nerve fiber; but behind these, and producing each according to its kind, is a power that baffles the wisest objectivist, in spite of his acutest analytical investigation. This force is thus assumed by its phenomena. We may not see the worker, but on all sides is indubitable evidence of his craft. A mad man would not say that the means adapted to ends seen in universal nature were a jumble of fortuitous sequents and consequents.

Tyndall says ("Use and Limit of the Imagination in Science"):

The philosophy of the future will assuredly take more account than that of the past of the relation of thought and feeling to physical processes; and it may be that the qualities of the mind will be studied through the organism, as we now study the character



of a force through the affections of ordinary matter. We believe that every thought and every feeling has its definite mechanical correlation—that it is accompanied by a certain separation and re-marshalling of the atoms of the brain. This latter process is purely physical; and were the faculties we now possess sufficiently strengthened, without the creation of any new faculty, it would, doubtless, be within the range of our augmented powers, to infer from the molecular state of the brain the character of the thought acting on it, and conversely to infer from the thought the exact molecular condition of the brain.

Herbert Spencer says that “with our present knowledge we are in this predicament. We can think of matter only in terms of mind. We can think of mind only in terms of matter. When we have pushed our explorations of the first to the uttermost limits, we are referred to the second for a final answer; and when we have got a final answer of the second, we are referred back to the first for an interpretation of it” (Principles of Psychology, p. 272).

Huxley says:

For, after all, what do we know of this terrible “matter,” except as a name for the unknown and hypothetical cause of states of our own consciousness? And what do we know of that “spirit,” over whose threatened extinction by matter a great lamentation is arising, like that which was heard at the death of Pan, except that it is also a name for an unknown and hypothetical cause or condition of states of consciousness? In other words, matter and spirit are but names for the imaginary substrata of groups of natural phenomena. (Lay Sermons).

This definition is doubtless correct, and “a state of consciousness” which exists, and which tells me that there is within me a power, at command now or in the future, and that through this residuary *something* my arm is raised, my head nods, my eye winks, or my imagination takes flights, at any time this something dictates, is entitled to ask for consideration as an entity as much as, for example, pain, which is only a state of

consciousness, and can not be weighed, measured, seen or heard. In fact, the operations of the laws of chemical affinity or of gravitation can not reach this height of complex power. A subtle influence pervades our bodies. It follows the nerve tracts from preference, but is everywhere present in the physical domain, exercising its power. It prevents the complete localization of each mental phenomena because of its ubiquity, yet may control the entire system from one central nerve capitol. It is not probable that the idea of the old philosopher in locating the soul in the pineal gland, or the doctrine of Bichat, in putting our feelings, affections, and desires in the sympathetic system of the bowels, is any more than the vagaries of visionary theorists, but it is evident that the organs at the base of the brain are the most wonderful of all brain locations, and that nerve influences emanate from the optic thalamus, the pons varoli, the medulla oblongata and the corpus striatum, that can be found nowhere else in the domain of nerve power. As you are aware, large portions of the cerebrum and the cerebellum may be taken away from the living body without immediate danger of death, but the organs in the base of the brain, from which spring the numerous nerves so essential to life, can not be touched in vivisection or by disease with impunity. From this central region nerve influence radiates to every part of the body, making its connections with the depositories of nerve power in the spinal cord, and with the ganglia of the sympathetic system.

The proofs upon which are founded the arguments in favor of different localizations are far from convincing, even were eminent pathologists unanimous in their conclusions. The results of disease in the physical manifestations of what Fritsch and Hitzig call the "psycho-motor centers" present so many exceptions to

the generalizations of *localizers* that a verdict of "not proven" must at present be recorded against them. Take a few examples:

*First.* Hæmorrhage in the brain. Brown-Sequard justly observes (*vide Lancet*, July 29, 1876), that:

Convulsions may appear as well on the side of the lesion in the brain as on the other side, and that if they are more frequent on this last side when the cause is a tumor or an inflammation, they on the contrary, are more often witnessed on the side of a hæmorrhage in certain parts, and perhaps in more parts of the brain."

Out of two hundred and twenty-two cases of hæmorrhage collected by Gintrac (putting aside the cerebral ganglia, the ventricles, and the central parts) there were forty-seven cases of convulsions either on one side, or on the two sides of the body. Of these forty-seven cases, there were eleven in forty-five cases of hæmorrhage in the convolutions; two only in seventeen cases in which blood was effused in the anterior lobes; twenty-five in one hundred and twenty-seven, in which it was in the middle lobes, and nine in thirty-three cases in which it was in the posterior lobes. The same general distribution of efficient causes in the brain, producing similar effects, have been collated by thousands, all going to show that a local disease of the brain may (if at all manifest) produce certain effects, as is seen in the connection of aphasia with lesions of certain lobes, but when we find a large number of cases in which the same part is diseased, and no such results follow, and also that other parts of the brain becoming diseased do produce the same results, we are forced to the conclusion that some pervading influence must be at work upon nerve cells at a distance from the seat of the disease, and that it overleaps physical lesions and abnormal conditions in its operations. An insane person dies, and we find a large portion of his brain, or

it may be a section of the spinal cord, of the consistency of cream. The nerve substance has become homogeneous by gradual disintegration, yet, there may be no local or distal effect, commensurate with the breaking down of nerve tissue, and the evident destruction of nerve cells nor need there always be striking mental manifestations, consequent thereon. Brown-Séquard says: (*vide Lancet*, September 16, 1876) "that considerable alterations, and even complete destruction of parts, can exist without the appearance, or at least any marked degree of paralysis, whether the lesion exists in motor parts, or in the other parts, or in both simultaneously." On the other hand, a hæmorrhage, the size of a pea, in the pons Varolii, has been known to produce paralysis and death. The experiments of Hitzig, Ferrier, Carville, Durst and Nothnagel, lead us to believe that there is a center for perception, somewhere in the cortical substance of the brain. This is divided in true phrenological style into other circumscribed spaces, of distinct mental power. At the same time they tell us that the occipital lobe can be destroyed without producing any effect on the sensibility; that the convolutions of this lobe, as well as those of the frontal, the insula, those of the internal faces of the hemispheres, and those of the suborbital, do not respond to electrical excitation; and that for the most part lesions of these have little or no results. They think that ablations of the frontal lobes appear to lessen the activity of the intelligence, and that of the occipital extremity of each hemisphere seems to abolish the appetite. Orchansky, a celebrated pathologist of St. Petersburg, after numerous experiments on dogs and rabbits with the electric current, and by vivisection on the motor centers, candidly states that the separation of the cortex into motor and non-motor parts rests, probable upon an anatomical basis



only, but is little known. In other words, there is no special cerebral vaso-motor centers, except in intimate relation with the general motor system, this consisting of the cord, central ganglia, and the convolutions, but this tripartite is in mutual relation and subordination. The careful experiments of Brown-Séquard go to show that this mechanism of voluntary action does not depend on clusters of brain cells in one locality, but on the co-ordination of all the cells. The germ of the future therapeutics of brain disease may be indicated in the fact that paralysis is not always produced in the destruction or lesion of nerve matter, but often depends upon the influence exerted by disease upon parts at a distance. The supposed motor centers can be destroyed without any paralysis at all. On the other hand, paralysis may occur in arm or leg when it was the most anterior or posterior part of the brain—the part furthest removed from the supposed center of motion—that had degenerated. Paralysis may be quite independent of the destruction of the tissue. It might result from the puncture of the smallest needle.

It is, therefore, quite evident that if we can divide up our mental modes into sections, and give each a distinct domain within which only each can work; then the laws of co-ordination mean a perfect unanimity of a “committee of the whole” brought about in some fortuitous way, not from any *ab extra* influence, but by some intuition among the different organs. Without any autocratic authority to dictate to them they manage, in health and disease, to do tolerably well. These in the light of the *objectivist's* views of mental *localisms* should present good examples of modern miracles. The triumvirate of nerve systems have been divided so minutely that in each part is located all the intellect, volitions, emotion, desires and affections of humanity,

so that many pathologists profess to point out the capital seat of each of these manifestations, principally through the abnormal conditions of organs and localities, and in the perversion of functions co-existing with mental aberration. Ferrier (strong objectivist though he be) says: "We are still only on the threshold of the inquiry; and it may be questioned whether the time has yet arrived for an attempt to explain the mechanism of the brain and its functions." The applying distinct functions to the grey and white matter of the brain is not founded on a true basis of experiment, many have made the grey cortex uniform and without physiologically organic divisions, but Ferrier and his school, like surveyors, lay out this structure in definite order the more complex faculties of the ego, because in a number of cases certain abnormal states follow pathological conditions of localities in the brain. They ignore the large numbers of exceptions they find in opposition to their deductions. If we are able to see in even one instance without our eyes, it is evident that our optic organs have rivals. If we can hear in a solitary case, independently of our auditory apparatus, then must the ear look after its laurels. Memory is said to be located in the left, right, or both frontal convolutions, yet I find them diseased and memory intact. What am I to think of this division if I am told to believe that the motor centers of the upper extremities are in the optic thalami, and then find that in the experiments of Nothnagel this tract can be destroyed in rabbits without impairing their locomotion? Where am I to pin my faith? (*Vide Lancet*, January 23, 1875). Dr. Carpenter tells us that the *corpus callosum* is sometimes deficient or absent in man, and when so it is an evidence of low intellectuality. Professor Gerinano, of Turin, dissected the brain of an intelligent

soldier, who had served in the army eight years, but his *corpus callosum* was absent. When aphasia occurs deductions are drawn from disease being found in certain convolutions, that the nerve influence of speech must come from that locality. The witnesses do not agree as to place and boundary, so it will be necessary to rule them out of court until there is consistency and unanimity in their testimony. Ferrier tells us that he removed the whole of the occipital lobes of the brain of the monkey, Jacko, and this excision impaired his appetite. I have not the least doubt it would spoil the appetite of any one thus deprived. (See Review in *Journal of Psychological Medicine*, January, 1878). I need not cite historic cases like that of Gage; the case of Galli mentioned by Dr. Gray; the large list of soldiers with brain injury mentioned in Part I, and Vol. 1, of "Medical and Surgical Cases in the recent American War." Some had epileptic fits as a result; others were affected in one or more of the special senses, but quite a number had no permanent injury to intellect or function, with foreign bodies lodged in the brain. When I first had my attention seriously drawn to this matter it was about fifteen years ago. A lad of thirteen years of age had been kicked by a horse. A section of the skull was broken in the upper part of the frontal and occipital bones on the right side. One of the nine pieces fractured had been driven into the substance of the brain over an inch. The membranes were ruptured and broken up and brain substance protruded through the wound and was hanging in pieces on his cheek. At the time I first saw him he was comatose. I extracted the bones, cut away the ragged edges of the membranes and the lacerated brain substance. Consciousness returned immediately. He did not lose a night's sleep, nor a meal afterwards. No febrile symptoms intervened, but a

large cavity remained. He went to school to the same mistress as before, and she informed me that except a certain irritability of temper, he was as intelligent as ever and could learn his lessons with the usual aptitude. I need not enter into particulars, but merely say that some considerable cortical substance had been extirpated without serious results to mentality. Any number of such cases might be culled from medical literature to show that *all* brain substance is not necessary to physical nor mental life, and that the localization of psychical power is not borne out by experiment or pathology. It is dangerous to adopt a pet theory as a foregone conclusion, and endeavor to drag in every argument that we find at hand to support it, without stopping to find out if all the phenomena can be explained by our hypotheses.

If the views advanced by me are not accepted, I can not conceive any other solution except the old Hippocratic doctrine, a modified idea of which exists in "*bumpology*," viz: a duality of the ego, and that by mutual agreement this Siamese twin only becomes half diseased alternately. So by a law of compensation one can do the work of both if the necessity arises. If this suggestion of double function be not satisfactory, then vicarious work among the organs or segments of organs might approach a solution of the difficulty, although it would be a hypothesis fatal to the localizers' theory. The opinions given in this monograph meet many of the difficulties, and at the same time do not fly in the face of accepted facts exhibited in health and disease. All of the phenomena of mind, and of the functions of the physical system go to show, when brain tissue is injured by disease or by traumatic effects, that the artificial divisions of it by some physiologists are not consistent with experiment. It is worthy of note that no nerve



of the body can be traced into the substance of the brain beyond the basal ganglia. The olfactory and optic nerves were inferentially supposed to issue from the cerebrum, but no experiment nor development shows this to be the case. We have only to suppose the upper parts of the encephalon, the spinal cord, and the bodily ganglia to be depositories of psychic power to explain much in pathology. I have often been struck by Goethe's statement:

“Who of the living seeks to know and tell,  
Strives first the living spirit to expel,  
He has in hand the separate parts alone,  
But lacks the spirit bond that makes them one.”

The fulcrum arguments in support of the idea that our mental and moral natures are “functions” of molecules of nerve substance, rest on three grounds principally. (a) The effect produced on mind by the healthy action of the nervous system. (b) The mental changes consequent upon pathological conditions. (c) The relation between mental power and the size of the organ in which it exists. In a word, the endeavor to find out what mind is, by a careful study of the phenomena of nerve tissue. This effort is praiseworthy, but is as one-sided as the *logomachy* of the mental philosophers.

We will consider the last argument adduced in respect to the relation of the massiveness of the brain to mental power. It is said there must be a necessary connection between the quantity of nerve substance—the proportion of grey and white tissue and *functional mentality*. The larger the brain is, the more complicated, varied and powerful are these functions. The nervous system is traced upwards in the scale of being from an *asidian* mollusk to the ganglia of the centi-

pede, and upward through the nervous systems of wasps, bees, fishes, reptiles, birds and quadrupeds to man. The simple ganglion in its upward growth becomes complicated by divisions into segments, convolutions and lobes. The more intricate in structure, and massive in substance the brain becomes, the higher are the psychical powers. It is stated that the relation is as marked as is the size of any other organ and its secretions, hence by parallel reasoning mental phenomena depend in force and complicity on the size of the organ, and must be necessarily the result of molecular action in the one case as in the other.

This assertion of an exact proportion existing between the size of the brain and mental power is as a rule, far from correct. A man with a large brain often shows less mental activity and power than a man with a much smaller brain. The tone of nerve fibre, the temperament, and the general recuperative forces have much to do with the condition of mental action. The temper of the medium has a great deal to do with the fluid which permeates and occupies it. The power of transmission, conduction and insulation of thought in brain matter depend on this as much as does the lowest form of electricity on the condition and size of the magnet. There are large animals such as the elephant and whale whose size of brain—if measured by cubic inches—should make them great philosophers, if well educated. This opinion is guarded, and this dilemma avoided by asserting that in some way we must take into consideration the relative size of the body to the brain. I have never been able to comprehend a rational reason for this explanation. Lubbock and Darwin being neighbors, watched together the habits of twenty kinds of ants, and they assert that for intelligence they rank next to man. Their wisdom,

their social economy, their aptitude to successfully provide for or against unforeseen contingencies in which instinct could hold only a minor part, their preparation for probable exigencies that could only be learned inferentially led these great scientists to rank these insects high in the intellectual scale. Yet, their ganglia are poor apologies for brain. The smallest human brain is said by Huxley to be fifty-five cubic inches in volume; the largest brain of the gorilla thirty-five, and that of the orang and chimpanzee to be twenty-six cubic inches in volume. These varied sizes give no reliable data for measuring the mental capacity of each. We may fill up the *hiatus* between the different brains of each with an hypothetical scale, and measure intelligence by it on some common basis, but the attempt would show the absurdity of the classification. Multifarious conditions, as well as quantity of brain matter, must be taken into account in measuring mind, and many of these being still involved in obscurity, no definite results can be obtained. A large brain in normal tone may exhibit greater mental power, than a smaller one in the same physical condition, just as a large magnet, or a cell battery in action increases magnetic strength in proportion to size, not because of the inherent potential energy of the instruments, but because of the attributes they possess in manifesting the activity of the fluid. The brain organ does not create and eliminate psychic force, *per se*, but its structure, and constitution are such that in tonicity it is the best medium to evolve the residuary phenomena of the *ego*. The activity of this agent shows that in emotion, will, passion or desire electricity and heat are the result of the energy of the tenant. Time would fail to show that this has been fully proven by experiments of the most conclusive kind. Apply

this solution to any of the so-called anomalies found in comparing the results of pathological research with mental phenomena, and we have here a key to unlock the door behind which so much mystery exists, and about which so many vague and unsatisfactory theories are propounded, founded on a physical basis alone. If these three forces be granted, and I am not aware of their being denied, the highest of which includes the two lowest, and the second of which is necessarily ex-istant because of the first of the series; or if we hold that each is a development of the other, many of the riddles of pathology are solved, and existence is given to an entity not dependent on matter for its existence.

Take a few examples to show some of the difficulties the objectivist has to contend with in explaining his views, when brought to bear in the study of insanity. For the sake of argument we will assume his position to be correct. We will grant that the cerebro-spinal system is the causation of all mental phenomena. With Maudsley we will put memory in every molecule and consciousness as being only the recognition by a molecule of the influence of sensory impressions; like Carpenter we will put volition in nerve tissue wherever found, or to use his own terms call it "a function of the supreme centers" (*vide* "*Body and Mind*;" p. 30), or designate will to be merely "a result of organic changes in the supreme centers" (*vide* *Popular Science Monthly*; p. 320, vol. iii); like Tyndall we will call the ego "a poetic rendering of a phenomenon which refuses the yoke of ordinary physical laws;" like Cabanis we may say "that as the liver secretes bile, so does the brain secrete thought." The same opinion is given by Voght. Moleschott says: "Thought is a motion of matter." Buchner asserts that "the soul is a product of a peculiar combination of matter—thought is emitted by the



brain as sounds are by the mouth, or as music is by the organ." These quotations are sufficient to show the standing ground of the objectivist school of thought. Let us see how they will apply to the observations of every day and asylum life. If these definitions of mind be correct, then it must follow as a corollary that a diseased brain and spinal cord must *always* produce abnormal functions, or morbid secretions. To state the contrary would be to give up the whole controversy, for as long as the disease continues it must produce its effects—if not uniformly—at least continuously.

Let us apply this doctrine to asylum experience. I go into the wards of an hospital and find cases of transitory mania. It may come on as suddenly as a blow, and in a short time may leave as abruptly, only to return in the same way at irregular intervals. Does our experience of disease enable us to consistently say that a permanent lesion could produce such erratic results? Let those who think so give a rational explanation from experience in other diseased parts of the body. The "lucid intervals" of insanity may not mean complete recovery, but the convalescence at stated periods is sufficient to make it an enigma, if a uniform pathological condition can produce results so diverse in intermittency to similar states in other parts of the body. It means that at times the brain can perform its work as thoroughly as ever in spite of disease. Can its *mental* functions then depend on its condition? The parietic will recover his intellect for months. The most acute observer can discover no mental obliquity in the interval of relief. We know too well the victim is doomed and that the disease has not relaxed its grip. Sooner or later it will become evident with increased intensity. Must we believe that the organ, diseased as it is, can do its work healthily at one time and at

another morbidly, yet under the same conditions in both cases? If not let the objectivist explain the enigma, for I know of no parallel to such a uniform cause having such diversity of sequence in the whole range of psychological physiology. The intermittent character of a disease caused by morbid germs, the invasion of which nature is struggling against principally by excretion, becoming alternately victim and victor, is not a parallel example to permanent disease of an organ. How often do we see in asylums the partial or complete return to reason in a dying hour? We have clearer answers to questions, and more intelligent conversations than at any time during the insane period. This lucidity may continue until the final capitulation is about to take place. If mentality be a resultant of molecular action, then is seen the strange anomaly of the secreting cause becoming gradually feebler, yet at the same time the effect increasing in strength. The fountain has risen above its source. The psychical energy increases in the inverse ratio to the power of the brain to perform its *egoistic* functions. Nor can it be compared to the spasmodic efforts of expiring nature, because we have to do with a permanently diseased brain which can not give normal results from an abnormal source.

Consciousness remains with us during all the mutations of our physical system. In that time millions of brain molecules have grown to maturity—produced their like—and having become an excretion are cast out as useless drones from the busy hive. Each parent monad has left to its child, as a legacy, a biography of the past. Each succeeding generation has garnered permanent and fleeting impressions to be harvested and appropriated by the living tenant as emergencies arise. The older the facts of memory in childhood the more

vividly are they portrayed in the vast picture gallery of the brain. The molecules change in substance and possibly in contour, as do the other parts of our physical system. Every impression, mental or physical, makes a fixed change in the ultimate elements. From this storehouse, at will or by association, the past is brought up to mental view with all its varied experiences. The instrument is ever changing in essence and capability during revolving years, but consciousness remains true to its impressions in spite of these disturbing transitions, and even of much organic lesion. What hypothesis can consistently explain this, if our consciousness were only a function or a secretion? No wonder that Maudsley takes every opportunity to have a tilt at it, and calls it only an "indicator" to tell what the molecular agent is doing, for if it be a faculty taking cognizance of the conditions and acts of the ego, or rather the ego itself, acting such a living fact, would strike a fatal blow at the substratum on which is built the doctrines of the school of Comte.

These puzzling problems might be extended indefinitely, based upon the experiences of asylum life, and no satisfactory solution can be given, unless we take for granted that a large part of the cortical and medullary substance is only a depository of *psychic* energy, and that when disease attacks these non-vital parts, or traumatic injury impairs their receptive powers, the mental force is often not weakened to an appreciable extent, because the conducting capacity of the abnormal parts may not be impaired to any extent. A shock or the sudden crushing of a small portion of nerve tissue, or pressure from slight effusion may be productive of danger, or even destroy life, from the sudden invasion of a powerful eccentric influence into the life center, but the gradual slicing away of the surface of the

brain, or the slower breaking down of its peripheral substance through disease, often produces no mental disturbance proportionate to the injury done. If an equation is to be made between mental power and organic lesion, the collation of cases and the experiences of life problems have not given us a solution to it, except in some way not yet unfolded by the objectivists. This paper is written in the hopes that it may be a small plank of a common platform upon which all can stand with consistent adherence to the facts of physical and medical science.



# THE MORAL NATURE AND THE GREAT SYMPATHETIC.\*

---

BY R. M. BUCKE, M. D.,  
Superintendent Asylum for the Insane, London, Ontario.

---

The paper which I am about to read is intended as the continuation of a subject to which, as you know, I have given some little attention for a good many years. I had the honor to read my first paper upon this subject before you at St. Louis, a year ago. That paper has since then been published, and in the course of the remarks which I shall make to-day I shall take it for granted that you all have some knowledge of its contents, as it would be impossible for me to repeat any part of that paper and also say what I wish to say to you to-day. My present subject is "The Moral Nature and the Great Sympathetic," and you will please to recollect that the arguments which I shall adduce to-day to show a connection between these two are merely supplementary arguments—supplementary, that is, to the main arguments set forth in the paper to which I have referred. But before proceeding to these arguments, I am anxious to make it as clear to you as I possibly can, what I mean by the moral nature; and especially I wish, if possible, to make it as clear to you as it is to myself that the moral nature and the intellectual nature, are as radically distinct from one another as are any two objects of sense.

The mind is made up of simple moral states, and simple concepts, and of the infinite number of compounds which are formed from them. These compounds are of three kinds: (1) compounds of simple

---

\* Read before the Association of Medical Superintendents of American Asylums for the Insane, at Washington, D. C., May, 1878.

moral states with one another. (This class is very limited). (2) Compounds of concepts with one another; and (3) compounds of moral states and concepts. These two last classes are each of them practically infinite in extent, and make up between them almost the whole mind, including in that expression both the moral and intellectual natures. As in the formation of the earth's crust the simple chemical elements are few, and the compounds of them almost unlimited in number, so here. And as in examining the earth's crust we meet in rocks, soil, water, and living creatures, compounds of all degrees of complexity, but rarely a simple element; so here, in the world of mind, we scarcely ever meet with a simple element, either moral or intellectual, unless we obtain it by a process of analysis. But that simple elements must and do underlie and compose the compound crude products is as certain in the one case as it is in the other. In the case of the mind a very slight consideration serves to show that these simple elements are of two kinds, viz., moral states and intellectual concepts. Now there are a few moral states which we can declare with a high degree of probability to be elementary and simple, and there are a large number which we can distinctly see to be composed of these and concepts. I do not say that this small number and this large number make up the whole moral nature, but at all events they make up enough of it to pass for all. Arguments which are based upon this large part are as stable as if based on the whole; and, indeed, my present impression is that the simple elements which I shall enumerate, and the compounds which they form with one another and with concepts, do make up the whole moral nature. These simple elements are four in number; they are—faith, love, fear and hate. The test of the simplicity of these four moral

states is, firstly, that they defy analysis; secondly, that they are any of them capable of existing in the mind alone, unassociated with any other moral state or with any concept; and thirdly—and as a consequence of the foregoing—the removal from the mind, either actually or in imagination, of any other element, whether intellectual or moral, is not necessarily followed by the removal of any one of these which may be present. Three of these terms—love, hate and fear—do not require to be explained or defined; but the other—faith—stands in need of a few words of explanation. Faith is the opposite of fear as love is the opposite of hate. It is a purely moral function. It is strangely confounded in the popular mind with belief, which is a purely intellectual function. There is a connection between faith and belief which has led to this confusion, and this connection I will explain. Faith is defined by the author of the Epistle to the Hebrews as “the substance of things hoped for, the evidence of things not seen.” This is an excellent definition, but requires to be itself explained. As I have said faith is the opposite of fear, as love is the opposite of hate. Faith is almost synonymous with trust, confidence and courage. My idea is that each of these words is used for faith in different intellectual connections. The best way to get an idea of what faith is, is to take a subject, such as our condition after death, or the character of the government of the universe as a whole in its relation to ourselves, on which subject our intellect can throw no light, and study the attitude of our mind toward that subject. Now in knowledge, or rather want of knowledge, of either of these subjects, the savage and the civilized man are on equal terms, for they neither of them know anything about them at all. Still the mental attitude of the

civilized man is very different from the mental attitude of the savage as towards these two subjects. If then the mental attitude is different, and if the intellectual nature has never dealt with these questions, as it certainly has not, then the difference must be due to a shifting of the moral attitude toward these subjects. And I think I can make it clear to any candid mind upon a moderate amount of reflection that this is what has actually happened in the course of man's upward march from savagery, through barbarism, to his present position which he calls civilization. Of course, I know that this is the direct reverse of what has always been imagined. It has been believed, and very naturally, that the shifting of the moral attitude was consequent upon a change in the intellectual attitude; whereas I say that the change in the intellectual attitude is consequent upon a shifting of the moral attitude. As regards our condition after death, if our preponderant feeling, as it is in the case of the savage, be fear, we shall believe in a more or less inevitable state of suffering; if our preponderant feeling be faith, we shall believe in a more or less certain state of happiness, in proportion to the development of this moral function. Many men seeing that a fixed belief on such a subject, any knowledge of which is unattainable, is irrational, discard all belief; but they can not discard their moral attitude, and this varies without a belief just as much and as little as with one. To show conclusively that the intellect has nothing to do with the state of feeling on this subject, it is only necessary to remark that the feeling is liable in many persons, if not in all, to a wide range of variation from time to time, the variation being governed by the state of the health and by other things, while the evidence, or rather want of evidence, and the belief on the subject, remain fixed. Our men-



tal attitude toward the government of the universe is decided in the same way by the degree of development of the moral nature, and especially by the degree of development of faith. The gods of savages are demons. The god of the better samples of Christians is a being in whom goodness greatly preponderates over evil. The one believes in his god or gods as firmly as does the other; and one has as much and as little evidence upon which to base his belief as the other has. But one has less and the other more faith. The character of the belief, therefore, is not in any degree determined by want of knowledge on the one hand, or by increased knowledge on the other, but solely by the amount of faith of which the belief is simply an index. The belief itself is valueless in every sense. The faith which substitutes the higher belief for the lower is the most valuable of all our possessions. It is through this association that belief came to be considered so important; since man having a certain grade of faith associated with a certain belief easily fell into the error that the belief was the cause of the faith—was necessary to it—was even the faith itself; though a greater error than this, and in some senses a more injurious one to humanity, could scarcely be imagined. It is evident to whoever will think of it, that with different persons, or with the same person at different times, the degree of faith may and does vary greatly with the same belief. So the same degree of faith may and does co-exist with a wide range of belief. This being so, it is plain that the belief of any given person only indicates the amount of his faith in a very broad and general sense; and the significance of what is called religious belief consists in this, that it is a test, and though a rough one, still the only test which we are capable of applying to measure the faith of any given man or class of men.

For a long time after the foundation of Christianity, for example, all faith, speaking generally, which was not associated in thought with the Christian belief was lower than that which was interpreted in terms of the intellect by this belief. Therefore not to hold the Christian belief was a true mark of inferiority. This test is still applied, and this feeling still remains, and is likely to remain in millions of minds for a long time yet, though the proposition upon which it rests is no longer true; for in the front ranks of humanity, at present and on an average, the Christian belief represents a lower phase of faith than exists in the minds of those who reject this doctrine.

Let us pass now to compound moral states and attempt to resolve some of them into simple moral states and concepts—that is, let us see which of them can be shown to be composed of the four simple moral elements, faith, love, hate and fear, with or without the union of one or more concepts.

Joy, high spirits, exultation, and triumph are love and faith in their original non-differentiated form, generally, though by no means necessarily, combined with a more or less compound concept. And here I wish to say that in a very low form of the moral nature, as it is seen in young children and in all animals except perhaps the very highest, the two positive elements, love and faith, seem to be not yet separated, but to exist as one primitive function, and it is probable that if we could go far enough back in the process of development we should find that the two negative elements, hate and fear, also merged into one primary form. In the course of development the original negative element is in advance of the original positive element, and in its separation occurred soonest. In young children, before love and faith make their appear-

ance as separate functions, they may be observed existing in this primitive non-differentiated form, and in this state we call them high spirits or joy. In the course of development of the individual man, after the division of the primitive positive element has become fully established, and love and faith have come into existence as two separate well-defined functions, the primitive, non-differentiated form still makes its appearance at times, but the separate elements into which it has divided and their compounds are by far more common than is this archaic form.

Envy is hate combined with a certain very compound concept.

Anger and hate are the same thing. There is no difference between hating a man and being angry with him; or if there is a difference, it is simply that anger is a more transitory and less intense form of the same passion.

Jealousy is composed of the two moral states love and fear, combined with a very compound intellectual state.

Grief is usually considered to be a simple emotional state. But this it certainly is not, because in the first place it can not exist without the concurrent existence of a concept which enters into and makes part of it, and in the second place it can not exist without the moral state love, which also enters into and forms part of it. Now no moral state can be called simple that requires for its existence another moral state or a concept. A mother loses her child by death, and her grief is intense; but if you could destroy in her heart love for the child her grief would cease at once. Grief then, in this case, is love combined with a certain concept—death; but combined with this concept and underneath it and concealed by it is another moral state. Now what moral

state has been, both in men and animals, since the beginning of the world combined with the concept death? You know that the moral state I allude to is fear. Grief, then, in the case supposed, is love combined with the concept death, which concept is combined with the moral state fear. This analysis is hard to follow because the associations in this compound have existed so long that the union has become what we may call organized—still I know that this or something very like it is the true composition of grief. The analysis is easier to follow and realize, if we suppose that the child is not dead but dying. Here you can detect plainly love and the fear of death constituting the passion grief. Now, do you not see why the analysis is easier to make in the last case than in the first? The reason is that grief in the case of actual death existed in the minds of our ancestors for millions of years before they became intelligent enough to grieve for imminent death; and also because the association of fear with the concept death existed perhaps millions of generations before the compound which we call grief came into existence. The constituents of grief then in the case of the dying child have not had time to become organized into an apparently simple passion to anything like the same degree as in the case of the dead child.

The opposites of joy, high spirits, exultation and triumph, which are compounds of love and faith, or rather which are these two moral functions in their archaic, non-differentiated form, are sadness, low spirits, depression and despair. These are compounds of hate and fear in varying degrees of intensity and in varying proportions, and combined or not with concepts.

Among the compounds of faith and hate are pride, the combative passions, and probably others; but this



analysis has now been carried far enough for our present purpose. There are no compounds of love and hate, or of faith and fear, because these being the opposites of one another, in the sense that heat and cold are opposites, are mutually exclusive the one of the other. The compound emotions are always, on this view: (1) compounds of love and faith; (2) compounds of hate and fear; (3) compounds of love and fear; and (4) compounds of faith and hate. But each of these compounds constitutes a large class, the variety in the individual compound states being due in the first place to variation in the proportion of the two moral constituents, and in the second place to the union of the compound moral state with a wide range of concepts. Do you think it strange that the immense variety of human passion, sentiment, and emotion could be produced by the combination of so few simple elements? If you do, consider the compounds of hydrogen and carbon—their enormous number and great dissimilarity—and I think that your wonder will cease.

To give only a short sketch of the history of development of the moral nature would double the present length of this essay, which will be long enough without that addition. I can only say here that what I understand by a high moral nature is one in which the positive elements, faith and love, with their compounds, are large and prominent functions; and the negative elements, fear and hate, with their compounds, are proportionately dwarfed.

Now, taking faith, love, fear, and hate as the fundamental elements of which the moral nature is composed, let us see what are the essential properties of these elements so as to compare them on the one hand with concepts, and with the other undoubted functions of the brain and cord; and on the other hand with nu-

trition, secretion, and the other functions which are undoubtedly under the control of the great sympathetic.

The first of these essential properties is the simplicity of structure of moral states as compared with concepts. For a simple moral state such as love or fear unassociated with any idea seems to be absolutely homogeneous—while concepts, the simplest of them that we can reach by our best efforts of analysis, such as the ideas of time, space, or size, are undoubtedly extremely complex, being built up of elements which do not singly enter into consciousness, just as any piece of matter—a grain of sand for instance—is an exceedingly complex body, the ultimate atoms of which do not form objects of sense. Not only is this true, but the concepts in ordinary use are enormously complex, taking such concepts as those just mentioned as the unit of comparison. To make this clear let us compare a simple moral state with an ordinary concept. A mother loves her child. We have here a moral state—love—and a concept—the idea of the child; the union of these two makes the whole mental state which we are to consider. Now I defy you to decompose love—it is, I am satisfied, absolutely homogeneous. But look at the concept—child. To form this mental image an idea, shadowy perhaps, but real, must be formed of each visible part of the child's body—legs, arms, neck, body, features, hair; and each of these concepts is made up of others—size, texture, shape, hardness or softness. Multiply one of these by the other and you have an immense number of concepts which yet perhaps are not simple, but which would admit of still further analysis. And besides these there are numerous other concepts necessary to make up the concept, child, such as its dress, age, habits, manner, speech, history, and each of these are in their turn highly compound concepts;

so that it would not be difficult to show that in that one concept, child, there enter hundreds of simpler concepts; and I believe that not one of all these hundreds could be shown to be an absolutely simple concept. Now you know that the structure of the brain is infinitely more complex than the structure of the great sympathetic; so that the simplicity of moral states compared with intellectual states finds its parallel in the organs of which we suppose these two respectively to be functions. This parallel holds good in the other functions of these two nervous systems, though we have not time to follow it out in detail. But consider for a moment the immense number of sounds that the ear of a trained musician can receive and recognize at the same time—or the enormous number of objects that the eye can take cognizance of at once; consider the complexity of the function of co-ordination of muscular movement as in playing the piano; then turn to the functions controlled by the great sympathetic, such as secretion and nutrition, and see how homogeneous they are as compared with these functions of the cerebro-spinal system.

The second of these essential properties is what I shall call range of intensity. All moral states have a wide range in degree of intensity. Intellectual images, though they are more vivid at times than they are at others, have no true range of degree of intensity. Now, all the functions of the great sympathetic system have this capacity of varying in intensity well marked; and not only so, but the variation is very commonly associated with varying degrees of emotion, as was fully set forth in my former paper. All the established functions of the great sympathetic have this property of variation. The lachrymal gland has a certain rate of secretion which is sufficient to keep the eyeball moist;

this rate is altered both by diminution and excess—that is, in intensity of activity of the function under the influence of irritants and disease, and especially under the influence of the emotions, or rather it would be more correct to say synchronously with the existence of emotion. The same thing is true of the gastric, urinary, intestinal, and in fact of all the other secretions—markedly of the mammary secretion and of the secretion of the testes. Variation in intensity of action of unstriated muscle also synchronously with the existence of strong emotion is not less marked, as seen in alterations of the heart's action, in excess and defect of peristaltic action of the muscular coats of the intestines, and in the persistent contraction of the radiating fibres of the iris in terror, and continuous relaxation of them in rage. The same thing is true of nutrition, which has a wide range of variation of intensity, and also a general correspondence with the prevailing tone or state of the moral nature; for, during times when nutrition is exceptionally active, as during the growth of the organism, or upon recovery from a disease which has reduced the weight of the organism, there is exceptional activity of the moral nature; and not only so but at these times the positive functions, love and faith, are then especially active; and conversely, during the progress of wasting diseases, and during the time that the organism is decreasing in weight in old age, when this decrease happens, the moral nature is exceptionally inactive, and the negative functions prevail over the positive. On the other hand, this range of intensity does not belong to the intellect in the same sense at all. Mental images, as mentioned above, are certainly more vivid at some times than they are at others; but this is a vastly different thing from the immense range of intensity of any one of the passions, as love, for instance,



which may be merely a slight liking for some thing, animal, or person, or may be so intense in degree as to absorb into itself every form of energy belonging to the organism. And as this quality of range of intensity does not belong to the intellect, so neither does it belong to any other function of the cerebro-spinal system. The sense organs are passive instruments which merely receive what is offered them. We have, to be sure, a perception of different degrees of light and color, different degrees of taste and odor, different degrees of loudness of sound, and different degrees of pain, but these are the reports of passive organs of different degrees of stimulation from without the organism, and are not parallel with the different degrees of emotional excitement. The muscular system, too, stimulated by the motor tract of the cerebro-spinal nervous system, acts with greater vigor at one time and less at another, the muscular contractions being stronger or weaker. But this range of intensity, such as it is, depends itself chiefly, if not entirely, upon variations in the state of the moral nature; for you know that it is impossible to make an extraordinary muscular effort, unless there is some unusual emotional condition behind the effort and prompting it. And the elaborate inter-communication between the great sympathetic and the motor tract of the cord makes it quite clear to us how this connection between the emotional and motor functions is to be explained.

The third of these essential properties is continuity. Emotional states differ markedly from intellectual states in their duration. The average duration of a concept in the mind must be something a good deal less than a second. Emotional states last for hours, days, weeks, months, even years. Here the parallel with the known functions of the two organs supposed

to correspond with these two sections of the mind is very striking. All the functions of the great sympathetic—as nutrition and secretion—are continuous functions; while all the functions of the cerebro-spinal nervous system—as the reception of sense impressions, the contraction of a voluntary muscle or group of voluntary muscles, as well as the realization of a concept—are what might be called instantaneous functions.

I come now to the principal subject of this essay, and in discussing it I beg you will give me your best attention, with the aid of which I hope to make my line of reasoning clear to you.

Three thousand five hundred years ago it was written, "Honor thy father and thy mother, that thy days may be long in the land." The rest of this paper may be looked upon as a commentary upon this text.

My argument is, first, other things being equal, those who have the best and highest moral nature live the longest; second, length of life depends upon the degree of perfection of the great sympathetic nervous system; third, therefore the moral nature is a function of the great sympathetic. The first clause of the argument is—those who have the best and highest moral nature live the longest. I shall support this statement by four facts. The first of these four is the extraordinary longevity of the Jewish race, a race which, to use Richardson's language, "has not only endured the oppression of centuries without being lost, but as it now exists, scattered here and there over the earth in different countries, and among the most varied social and natural conditions, is of all civilized races the first in vitality." This point will be found fully discussed in Richardson's last great work, "Diseases of Modern Life." M. Neufville found that in Frankfort the average duration of the life of the Jews was forty-eight years and nine

months, and of the Christians thirty-six years and eleven months. The civil state extracts of Prussia give to the Jews a mortality of 1.61 per cent; to the whole kingdom a mortality of 2.62 per cent. Taking into consideration all the data given by Richardson on this point I estimate that the average life of the Jew is at least six or eight years longer than the average life of the non-Jewish inhabitants of the various countries in which the Jews live. Richardson goes on to say:

Different causes have been assigned for this higher vitality of the Jewish race, and it were indeed wise to seek for the causes, since that race which presents the strongest vitality, the greatest increase of life and the longest resistance to death must, in course of time, become, under the influences of civilization, dominant. We see this truth indeed actually exemplified in the Jews; for no other known race has ever endured so much or resisted so much. Persecuted, oppressed by every imaginable form of tyranny, they have held together and lived, carrying on intact their customs, their beliefs, their faiths for centuries, until set free at last they flourish as if endowed with new force. They rule more potently than ever; far more potently than when Solomon in all his glory reigned in Jerusalem. They rule, and neither fight nor waste. Happily we have not far to go to find many causes for the high vitality of a race which, by comparison with the Saxon and the Celtic, is physically feeble. The causes are simply summed up in the term "sobriety of life." The Jew drinks less than his "even Christian;" he takes, as a rule, better food; he marries earlier; he rears the children he has brought into the world with greater personal care; he tends the aged more thoughtfully; he takes better care of his poor, and he takes better care of himself. He does not boast of to-morrow, but he provides for it; and he holds tenaciously to all he gets. To our Saxon and Celtic eyes he carries these virtues too far; but thereby he wins, becomes powerful, and, scorning boisterous mirth and passion, is comparatively happy.

The Jews, then, have an extraordinary amount of vitality. Why is this? The explanation of it which Richardson sees is that they lead a more moral life than other people. Now, in the first place, no one, it seems

to me, can suppose for a moment that there is enough difference between the Jew's outward life and the Christian's to make this immense difference in longevity. And, in the second place, suppose there was; why should Jews lead better lives than Christians. That they do lead better lives I am prepared to believe. But why do they? What makes each one of us live as good lives as we do live? I do not say that our lives are good, but we all know that they might be worse than they are. What makes them then as good as they are? Surely the elevation, such as it is, of our moral natures. Well then, supposing the Jews' lives are better than our lives, it is a fair inference that their moral nature is, on an average, better, that is higher, than our moral nature—that with them love and faith are more developed, and hate and fear more restricted in proportion than with us. But although these considerations are entitled to a certain amount of weight, I do not propose to rest this clause of my argument upon them. I have surer ground. That ground is the fact that the Jews have initiated the most advanced religions of the world during the whole course of its history. Jesus said: "Ye shall know them by their fruits. Do men gather grapes of thorns, or figs of thistles?" Could a race with a low moral nature originate a high religion? That is like asking, has a man with a low moral nature a high moral nature—or is a short man tall? No one, I fancy, will dispute, if he is capable of understanding what he is talking about, that the race which produced the law-givers, psalmists, prophets, and finally Jesus himself, was and is the race which possessed and possesses the supreme moral nature of this planet. Here, then, we have one instance of length of life associated with a high moral nature. This fact, standing alone, though it might raise a strong presump-



tion in our minds of the connection I am seeking to establish, could not prove it. Without stopping to discuss how it might be evaded, let us go on to the second of the four facts I spoke of, which will be well calculated to support it.

There are two classes of great men. One of them is great by elevation of the moral nature; the other class is great by intellectual power. The first class is divisible into two sections. In the first section stand the leaders of our race in the eternal war against the powers of darkness. These are the men who are exceptionally endowed with the supreme faculty—faith. They are the great religious founders and innovators. The other section of this class comprises the men who come next after them as benefactors of humanity. These are the men who possess in fullest degree the divine faculty—love. These are the great artists, whether poets, musicians, painters, or sculptors. The second class of great men is also divisible into two sections. The first section is composed of the philosophers—men who are great by their powers of abstract reasoning. The other section is made up of scientists—men who are great by development of what may be called the external faculties of the intellect, such as perception, conception, memory, and comparison.

Now we all know that although a man may possibly have one or more of these classes of mental qualities highly developed and the rest below the average, that this is not the rule. Usually, if faith is extraordinarily developed, love is at least well developed; and if the moral nature as a whole is of a first-class order, the intellectual nature will be good, and probably very good; and, conversely, a first-class intellect implies as a rule a high, if not a very high, moral nature. There are two principal reasons why this should be

true. The first is, that of whatever parts of the nervous system these two are functions, the organs to which they are thus related are closely allied, and a high development of the one will be almost certainly accompanied by a high development of the other. The second reason is, that the activity and efficiency of the intellectual nature is largely dependent upon the degree of development of the moral nature, which last is undoubtedly the driving power of our mental mechanism, as the great sympathetic is the driving power of our bodily organization. What I mean is, and I think you will all agree with me here, that with the same intellectual power the outcome of that power will be vastly greater with a high moral nature behind it, than it will be with a low moral nature behind it. In other words, that with a given brain a man who has strong and high desires will arrive at more and truer results of reflection, than if with the same brain his desires were comparatively mean and low. We are safe then, I think, in saying that as a rule, and on the average, a high moral nature implies a high intellectual nature; and conversely, that a high intellectual nature implies a high moral nature. When I had arrived at this stage of the argument in my own mind, I took a cyclopædia of biography, which, of course, contained the names of all the men and women who have lived in historical times, noted for intellectual or moral greatness, and with the aid of my friend, Dr. Burgess, I took every age given in the book, excepting only such as were manifestly errors by misprint or otherwise. I left out those and such persons as Parr and Jenkins, whose only title to admission to the cyclopædia was their extraordinarily long lives. I left out also all ages over one hundred and twenty, as probably exaggerated, though by doing this I no doubt lost several great ages. The result was remark-

able. I got 13,539 ages from fifteen to one hundred and twenty years. Of these 13,539 people—20 died between the ages of 15 and 20; from 20 to 25, 91; from 25 to 30, 205; from 30 to 35, 351; from 35 to 40, 435; from 40 to 45, 568; from 45 to 50, 776; from 50 to 55, 1,068; from 55 to 60, 1,293; from 60 to 65, 1,645; from 65 to 70, 1,693; from 70 to 75, 1,835; from 75 to 80, 1,445; from 80 to 85, 1,215; from 85 to 90, 555; from 90 to 95, 240; from 95 to 100, 69; from 100 to 105, 19; from 105 to 110, 15; from 110 to 115, 3; from 115 to 120, 3. The average age of the whole number is 63.464 years; say 63 1-2 years. Now, in estimating the value of this result, several considerations must be kept in view. On the one hand we must recollect that a good many of these men, such as the great scientists and philosophers, had to live to forty, or perhaps fifty years of age, to get time to do the work which gave them admission to the cyclopædia, though a large number of men of this class died at ages from thirty years downwards. On the other hand we have to remember that many of these men were soldiers, sailors, missionaries, partakers in revolutions, martyrs, explorers, and in a word were in positions which frequently entailed an early death by violence. We must also remember that these men lived many of them in tropical and unhealthy countries, and many belonged to times and countries in which the average duration of life was not as great as it is in modern civilized nations, from observations upon which our life tables are made up. In spite of all these drawbacks, I find that in England the average age of magistrates, clergymen, merchants, gardeners, masons and bricklayers, surgeons, butchers, lawyers, joiners and carpenters, house-painters, millers and bakers, all of whom had to be taken at from twenty to fifty years old to start with, was only 54.72, say fifty-four and



three-quarter years, against sixty-three and one-half years, the average age at death of our lives from the cyclopædia, a difference of eight and three-quarter years in favor of the latter. More than this, I took all the ages from the cyclopædia, from fifty years upwards, an age which would exclude almost totally our first consideration—which was, you recollect—that these men had to live to a certain age to do the work which entitled them to a place in the cyclopædia, but which would not, of course, exclude the opposite consideration, viz.: that these men lived in many times and countries, and often met violent deaths. I then compared the ages from fifty upwards with what is called the English life table. I had eleven thousand and ninety-three ages of fifty years and upwards from the cyclopædia. I found that of that number three hundred and forty-nine passed the age of ninety, that is one in every thirty-two. Now, according to the English life table, of four thousand six hundred and sixty-two men at fifty, only one hundred and fourteen pass the age of ninety, that is one in every forty-one, an immense difference, as you see, especially when we consider the disadvantages above mentioned under which the men from the cyclopædia labor. I made comparisons many other ways, and all with the same result. There is no doubt that the average length of life of what we call great men is greater than it is among ordinary men, probably by six or eight years at the least.

Without stopping to comment further on this fact now, let us pass on to the third fact which we have to consider in this connection. This fact is that married men and women live longer by some five years on an average than men and women who are not married. This fact is taken from Walford's "Insurance



Guide." Walford quotes Hufeland, Déparcieux, Casper, Odier, and Milne, as all having observed the fact and commented upon it. The only reason assigned for this difference is that men pick the healthiest women to marry, and that women pick the healthiest men. Now, although I am willing to allow that this consideration is entitled to some weight, still I am satisfied it is more than balanced in the female sex by the loss of life incident to parturition; and strange to say, there is a greater difference between the length of life of married and single women than there is between the length of life of married and single men. The real explanation of this fact from our present point of view lies on the surface. Why do men and women marry? In ninety-nine cases out of a hundred they marry because they love one another. This ought to be the sole reason for marriage, and it really is nearly the sole reason. If the capacity for loving in a given individual reaches a certain point, it is just about certain that that individual will marry, for two reasons. The first is, that, given a certain capacity for loving, the individual man or woman will seek to marry. And the rule holds here as in other matters, "Seek and ye shall find." The second reason is that nothing attracts love like love. No beauty, accomplishments, or wealth, make a man or woman half so attractive to the opposite sex as a loving heart. The result is—since the greater the capacity for love the better is the moral nature—that on the average the higher moral natures marry and the lower ones do not. So here again we find the higher moral nature associated with greater length of life.

The fourth and last fact is that women live longer than men by some two to four years on an average. This fact is taken from the report of the Registrar General for 1864, and from Walford's "Insurance Guide."

The exact difference of length of life of women and men is not perhaps known, but it is certain that women live longer than men by about the time above mentioned. Without any reference to this fact, which was then unknown to me, I wrote in my last essay: "The intellect is less developed and the moral nature more developed in woman than in man; and we know that the brain is smaller, and we have reason to think that the great sympathetic is larger in the female than in the male sex of our species. I do not think a comparison has ever been made by direct observation between the great sympathetic in man and the same organ in woman, but it has two large organs to supply in the female which do not exist in the male, viz: the mammary glands and the uterus. It is certain, therefore, that the organ is larger in the female, by so much at least." Now, is it true that the moral nature is higher in women than it is in men? I believe it is. And there is no doubt that the balance of opinion is in favor of this view. I believe women have, on an average, a greater capacity for love and faith than men have, and, on an average, a less capacity for hate and fear. The woman's excess of faith is shown chiefly in her superior power of endurance, and her greater patience under suffering and ill-usage. In matters of religion I do not know that women have more faith than men; they certainly have a greater capacity of belief; but this, as we have seen above, is a quite different thing, and is due largely to the inferiority of their intellectual nature. I think there is no doubt that women surpass men in the power of loving. Maternal love has always, and I think justly, been considered the most intense and enduring of all forms of this passion. I believe all physicians will agree that women have less fear of death than men

have; if this were granted it would almost follow that women have less fear than men. Finally, though one can not prove such points as this, I am satisfied that women hate less than men do. Women are very subject to passing anger and petty spite, but they very seldom hate deeply. There are very few murders committed by women in comparison to the number committed by men, though women, on an average, have greater provocation to the commission of this act than men have, and fully as great facilities for its accomplishment. It is said that there is only one suicide committed by women for three committed by men, and that female criminals are in proportion to male criminals as one to five. But some one may say: if women have a higher moral nature than men have, how is it that there are no religious founders and so few supreme artists among the members of this sex? The reason is, that although the essential factor in a religious founder is faith, and in a supreme artist love, yet a high grade of intellect must go along with the high moral nature if anything great in either of these lines is to be achieved. Well, we know that the average weight of a woman's brain is forty-four ounces, against forty-nine and one-half ounces for the average weight of a man's brain; but the knowledge of this fact is not necessary to assure us that woman's intellect is very much below the level of man's. Lacking, therefore, one essential factor of greatness woman can not be great, as a general thing, in the same way that the greatest men are great; she can be great, however, in the sense of being good, and in this sense she is greater than man. And so far as civilization has yet gone, which does not seem to me to be very far, women have been and are, in the best and truest sense of the word, the acknowledged civilizers of the race.

Now, these four facts taken together are tolerably exhaustive. All men and women are either married or not married. All men are either Jews or not Jews. All men are either great or not great. And finally, the race is divided into men and women. If you say that the longevity of the Jews is not connected with their high moral nature, but is an unexplained peculiarity of their race, I say that that explanation does not apply to the other three cases. And I say that I want an explanation that will cover all the facts. If you say, as to the second case, that great moral and intellectual activity imply a high vitality, and therefore, on the average, a long life, I say that your objection in part admits my argument, and that in part it is not true, for men, on the whole, are higher mentally than women, and yet women live longer than men. The fact is, that the only thing that can be shown, as far as I can see, to be common to Jews, great men, married people, and women—as against non-Jews, ordinary men, unmarried people, and men—is a higher moral nature. In the three first cases there is, doubtless, along with the higher moral nature a better intellectual nature, which, as I have shown, is a necessary accompaniment of the former in cases where the conditions are the same; but there is no visible connection between a good intellect and length of life. And in the last case this condition is reversed, for in women the intellectual nature is lower than in men, while the moral nature is higher, and the length of life greater. If, however, you adopt the hypothesis, that the moral nature is a function of the great sympathetic, there is a very plain connection between elevation of the moral nature and longevity; and what I say is, that to account for the facts you must adopt that hypothesis; for I say that the only explanation which will cover all the facts is that the moral



nature, being a function of the great sympathetic, and the great sympathetic being *par excellence* the organ of vitality, longevity and moral elevation are necessarily connected.

The second main proposition in this argument need not detain us long. It is: Length of life depends on the degree of perfection of the great sympathetic. I think you will agree with me that this proposition is almost self-evident, since you all know that the great sympathetic underlies and controls all the essentially vital functions, such as digestion, secretion, circulation, and above all, nutrition. Death is really, in nine cases out of ten, due to—I might almost say is—failure of nutrition—therefore failure of the great sympathetic; for the degenerative changes which usher in and lead to death in old age, though they are more clearly seen by us to result from this failure, are really not more especially due to failure of nutrition than are many other causes of death.

All these considerations, then, though they might not be conclusive by themselves, yet, taken along with others which I have urged elsewhere, confirm me in my belief, and I think they will persuade many of you, that the moral nature is one of the functions of the great sympathetic.

## A CASE OF KLEPTOMANIA.

---

BY B. D. EASTMAN, M. D.,  
Superintendent Lunatic Asylum, Worcester, Massachusetts.

---

In preparing the following sketch of an interesting case, I have been aided in tracing family history and in elucidating many other points, by the relatives, school-mates and friends of the party in question. I have also been kindly furnished with notes and memoranda, and extended statements from officers, reporters, and Superintendents of the Institutions where the person has been an inmate (some of their language being transcribed verbatim), to all of whom I acknowledge my indebtedness. A. B. C——, the subject of this paper, was born in New England, in 1845. I have traced the history of his paternal great-grandmother, paternal grandfather and grandmother, and maternal grandfather and grandmother, without discovering any insanity, marked peculiarity or very decided neuroses. Two paternal uncles were intellectually rather below the average, and one was very badly afflicted with stammering. Three paternal aunts were fully equal to the average. The family, as a whole, were rather close calculators, disinclined to generosity, and some of their descendants partake notably of the same characteristics. The maternal grandfather, grandmother, uncles and aunts were quite equal to the average in intelligence and free from notable peculiarities. The mother of A. B. was a woman of more than ordinary strength of character, and though somewhat tinctured with the rigid theology of her surroundings, was an estimable, well-balanced woman. The father, however, was emphatically a close, mean, skin-flint; sordid, unsympa-

---

NOTE.—Read before the Association of Medical Superintendents of American Institutions for the Insane, Washington, D. C., May, 1878.

thetic, untruthful and grasping. The leading element in his character being avarice. The family of which A. B. was a member consisted of three children, he being the second. His elder brother, a shrewd business man can not be considered a truthful person. Indeed it seems to me he is almost as well developed in deceit as A. B. is in pilfering. His sister is rather peculiar and acquisitive, but not to my knowledge notably so. During boyhood A. B. displayed an acquisitive tendency. It was proverbial among his schoolmates that if anybody lost marbles, pencils, or other articles, they would be found in the pockets of A. B. C——. His mother tried faithfully to break up this habit and as he grew into his teens and had more sense of responsibility, he seemed to control this propensity. In the village academy and his father's office he acquired a good English education including excellent penmanship, and became proficient in book-keeping. When nearly twenty years of age he went West as a clerk. For the first year he was assistant book-keeper after which he had full charge of the books and cash appertaining to a large pork and grain business, and had power of attorney to sign checks for the firm, giving his employers for five or six years entire satisfaction. He was always temperate, never used opium, and all his habits were correct.

According to his own story his duties increased to such an extent that his health suffered, and he was urged to take more out-door exercise. He also asserts that on one occasion he went out and wandered aimlessly about the town, coming to himself at a distance from the store, unable to give an intelligent account of where he had been; and at another time he became dizzy and fell in the street, and that in the autumn of 1870 he worked very hard, and was much troubled

with dizziness. It is alleged by his friends that during this autumn A. B. had a severe attack of typhoid fever, and that the peculiar manifestations soon to be cited were developed after convalescence was established, and by them attributed to the debility resulting from the fever. At this time it was discovered that he was purloining things from the counting-room, usually of little value, such as papers, letters, etc., and the annoyance therefrom made it necessary to dispense with his services, and he started alone for New England, where his father then resided. At Chicago he was detected in stealing the luggage of fellow-travelers and the property of hotels, and was arrested. His friends procured his release, and put him in charge of a young physician, who was expected to prevent a repetition of such misdemeanors, and to accompany him to his destination. Notwithstanding the vigilance of his escort he succeeded in getting arrested three times, and his companion had great difficulty in effecting his release. Indeed, on one occasion he was taken into custody as an accomplice, and both spent the night in the station house. He finally reached his father's, where he spent several weeks, and it is said his morbid depression was at times very manifest. Late in December, 1870, in consequence of indulging in his peculiar propensities, he was arrested in Boston, but was turned over to the Directors of Public Institutions at the representations of his friends, that he might be committed to the Taunton Lunatic Hospital as insane. During his examination he bewailed his unfortunate propensity, and begged to be sent to the Hospital that he might be cured, but he carried to the Hospital at Taunton a gold-headed cane and a pair of gloves, which he had stolen from some of the gentlemen who examined his case. At this examination he stated that he was at times subject to



vertigo, confusion of ideas and a sense of mental fatigue. Two or three weeks after admission to Taunton, on the occasion of a visit from his father, he wished to send home by him what he said was a bundle of summer clothing. Upon examination this was found to consist of old newspapers, magazines, a manuscript which belonged to a fellow-patient, and a card of matches, there not being an article of value in the lot!

In the spring of 1871 he was allowed to go out on parole, and to church in the city unattended. He occupied at this time a room in a ward where keys, locks and bolts were dispensed with, and he was not slow to improve his opportunities of appropriating things which did not belong to him. Various articles of every description were missed from time to time, and suspicion after a while fell upon C——. His parole was annulled, and his father sent for, to whom he confided what he had done with his plunder. Upon prosecuting a search, according to his directions, there were found hidden in the crevices in the stone wall and other similar places, and secreted in the woods, under stumps and among the brush, about one hundred books from their general library in the office, a dozen volumes from the Superintendent's private room, prayer-books and hymn-books from church, old papers and envelopes, shirts, towels, sheets, pillow-cases, etc., from the ward and laundry; brushes, curry-combs, straps, buckles, etc., from the stable; old shoes, bits of iron that he had picked upon the ground; things of value and things of no value; things indestructible and things perishable; all hoarded with equal and indiscriminate care and carelessness, to the amount of an express wagon load. Not being allowed to go on parole again, he continued pilfering from fellow-patients and from the rooms of his ward.

After a residence of about six months he was discharged from the Hospital at Taunton, May 31, 1871, his friends having arranged for him a foreign voyage, which occupied seven months, and during which he caused great trouble by his acquisitiveness. At the completion of his voyage, he returned to his home, where he remained, at times low-spirited and moody, till March, 1872, when he found employment as a clerk in a store in Boston. Here his propensity soon became apparent and he was discharged. By the aid of his friends he secured another place, where he repeated his thieving, which led to steps for his recommitment to the Taunton Hospital; but while the physicians were examining his case at the office of the Directors of Public Institutions, he stole the cane and mittens of one of them and ran away to the West, where he found employment as clerk in a railroad office. This situation gave him opportunity for securing solid plunder, and he sent home, by freight and express, fish-bars, bolts, nuts, old iron, damaged lanterns, and old junk generally, but being caught he was soon discharged.

In April, 1872, the Northern Hospital for the Insane, Elgin, Illinois, engaged as clerk to the Superintendent, at an employment bureau in Chicago, a young man of good address, having excellent testimonials, especially from the before mentioned firm in Lacon, Ills., as to his character, capacity and trustworthiness, who turned out to be the subject of this sketch.

For a time he was punctual and efficient in his official duties, though his demeanor was reserved and in many respects eccentric. He had access both to the Superintendent's and the Steward's offices, carried the mails and made purchases in the city. Soon their mails began to go wrong. Letters written by the offi-

cers were received by the parties addressed, with the post-mark "Boston, Mass." Articles of various sorts, generally of little value, were missed from various rooms. After a time suspicion attached to C——, who, becoming aware of it, decamped suddenly in the night, leaving a very penitent letter addressed to the Superintendent.

Soon after this a letter was received from the father of C——, giving a history of his son's peculiarity, from which he had hoped he had recovered under treatment, and stating that he had received from him a great number of packages containing a great variety of articles, which must have been misappropriated by him and sent home under the influence of his peculiar mania, and which he had caused to be returned in two large boxes. Upon opening these boxes there was found an amazing conglomeration of great and small trash, there being scarcely an article worth stealing, as one might say, among the lot, which was composed mainly of useless scraps of paper, old letters to and from the Hospital, handkerchiefs, old socks, glass tumblers, blank books, stationery, napkin rings, a bed quilt, some small sums in fractional currency, etc., etc.

Leaving Elgin he secured a place on board a vessel in New York; but the captain had his suspicions aroused and terminated the engagement.

He then went to Dansville, N. Y., where he found employment as a clerk, to which he added that of a forwarding agent, sending home several trunks full of clothing, bedding, old papers and trash. He was arrested, but upon learning his history he was sent to his friends in New England. Soon after reaching home he committed some depredation which led to his arrest and committal to the Worcester Lunatic Hospital. He was placed in charge of two officers, who attempted to

convey him to the institution, but he adroitly escaped from them and went home. He was persuaded by his father to quietly accompany him to the Hospital, to which he was admitted October 9, 1872. Having received from C——'s father a resumé of his freaks and fancies, it might be supposed that the officers of the Worcester Lunatic Hospital were so faithfully forewarned as to be thoroughly forearmed. But it is vain to put your trust in attendants, or anybody else, when an accomplished kleptomaniac is in hand.

On January 12, 1873, our record says: "Has not shown his peculiar form of insanity, except by taking all the newspapers he can find about the hall and packing them away between his mattresses and in his bureau drawer." On January 24, twelve days later, is entered: "About a week ago it was found that this man had taken various things from stores on the street, eluding the watchfulness of the attendant—he had been permitted to walk out with an attendant who had been particularly cautioned as to his propensities. There was found stowed away in his room, hidden in his bed, tucked behind his bureau, and in other corners, almost everything one can think of—several nice holiday gift-books, a dozen or so of pocket diaries, confectionery, perfumery and medicines, small bits of leather, old papers, almanacs, pins, pieces of cotton cloth, etc.; things valuable and things valueless, all neatly put up in small packages and marked with his name."

September 20, the record reads: "Have not found anything in C——'s room for several months." On the next day, September 21, the entry in the case-book is: "On examination of the ventilators in C——'s ward, to-day, they were found to be stuffed full of articles of every description, stolen and secreted by him. There were old papers and letters belonging to other



patients, lots of postage stamps carefully folded up in bits of paper, ten dollars in bills, an oil-stone, hammer, screw-driver, and many other carpenter's tools, several bunches of keys stolen while out walking with his attendant, bandages, sheets, and handkerchiefs with the names cut out and the holes sewed up." Not only was there ingenuity displayed in securing these articles, but the ventilators in which they were stored were in the patients' rooms, and he must have carefully watched his opportunity for gaining access thereto. Every ventilator in the ward, except one in a room which was occupied all the time, was full.

On October 9, C—— was suddenly missing, leaving no sign. He went to Providence, R. I., where he was found by the police wandering about the streets at two o'clock in the morning, "looking for work." On his person were found a table napkin, marked Central House, Providence, several new knives, twenty dollars in money, etc. In fact, his boots and pockets were full of every imaginable thing, including the ward key with which he opened the door and locked it after going out, which key he must have secured months before he made use of it.

After this escapade he was much depressed and the general tone of the system seemed to be deranged, with tongue coated, appetite poor, bowels costive and all the indications of a good deal of nervous disturbance. He grew childish in his wants, continually writing to his friends complaining letters full of repetitions, vague statements, etc., begged that these things should not be laid up against him, asserting that he was a gentleman. After a few weeks he improved in general condition, attended entertainments, dressed with the utmost care and faultlessly neat, dancing every time with a sort

of vacant, changeless, demented expression, reminding one of an automaton.

During the twenty-two months of his residence, his general demeanor was varied. At times he would be rather talkative and boasting as if full of important business; would detain the physician by talking of general matters, of the need he had for exercise to keep up his health, of his brilliant prospects as a book-keeper, of his dislike to associate with the common patients, of the fact that he had overcome his failing and would in future be a man, and just as the door was to be closed would bring out several letters which it was very important should be forwarded by the next mail, the time of their reaching their destination being anxiously speculated upon. These letters, by the way, would be written daily to almost all his relatives, asking each one to send him the same things, viz., the illustrated and other papers, pens, confectionery and essence of ginger. At one time I recollect he asked every correspondent to send him a diary, when he had twenty or thirty he had stolen from the book-stores. At other times he was depressed and seemed really to be suffering from disturbed digestion. He spent much time making inventories of the things which had been taken away from him, and in writing and re-writing from memory a sort of diary of his life. At times the air of abstraction made his appearance demented, but he was acute enough in his chosen field.

He was finally discharged July 27, 1874, to the care of a messenger, sent from Illinois by his brother, who represented that he was to be placed in an institution in that State. I am quite confident, however, that he was not taken to any institution. It is certain that he very soon went to California, armed with recommendations from his brother, and obtained employment with

an uncle who knew nothing of his peculiarities, and who occupied some place of public trust, with several clerks under him. C—— played his old game, and nearly cost his uncle his reputation and position. He soon returned to the East, and the next account of him is that he was arrested for stealing at the Marlboro House, Boston, about the middle of March, 1875. His room was found well filled with the usual conglomeration, and he was again sent to Taunton, where he remained seven months, till October 15, 1875. During this stay at Taunton he was very closely watched, and accomplished comparatively little in his specialty. He held himself quite above the other patients, and declined to walk out with them, though making great complaint of indoor life, very like his deportment during a part of his stay at Worcester. He left Taunton in charge of an escort, who was to take him to Oak Lawn Retreat, Dr. McFarland's private institution, Jacksonville, Illinois. On the 18th of October, Dr. McFarland received a telegram from the escort, dated Indianapolis, saying that he would arrive with C—— by the next train, but nothing more was known of him for ten or twelve days. It appears that at Lafayette, a station between Indianapolis and Jacksonville, two trains met, and for a few minutes stood side by side. Suddenly C—— disappeared. Both trains were searched from end to end by conductors and brakemen. The hotel that stood solitary and alone beside the track was ransacked from top to bottom, but no sign of him could be found. The trains moved off, and C——s' attendant was left alone upon the platform, crestfallen, disgusted, and as completely bewildered as a rustic would be at a performance of Signor Blitz.

The manner in which he made his escape, according to his own subsequent story, is characteristic of the

singularly adroit, quick-witted cunning which characterizes both his kleptomania and his numerous escapes from custodians. He first bought a newspaper, which he apparently read in his seat. Then he pretended urgent necessity for visiting the water-closet in the car, handing the paper to his attendant, asking him to hold it till he returned. The attendant saw him enter the closet and close the door after him, and then *of course* looked at the paper. At the rightly timed moment, when the throng was greatest, the lunatic stepped softly out, jumped from the platform of the car to the one opposite, passed into the ladies' saloon, where a lady, luckily for him, was reclining upon a lounge, and saying "Excuse a sick gentleman!" entered the little inner water-closet of the saloon, where of course no one thought of looking for a gentleman.

The full history of his exploits during the next ten days has never been written, but in a general way he was heard from at Chicago; he was at several places in the State of Wisconsin; he was several times in the hands of the police, and was finally overtaken by his attendant at Peoria, Ill., near his home, on his way to a pawn-brokers, laden down with the blankets, bedding, towels, etc., of the hotel at which he had spent the night.

His ten or twelve weeks residence at Oak Lawn was a repetition of his familiar exploits—singular from the adroitness of their perpetration and the general uselessness to him of the articles purloined. Keys slipped out of doors, bolts from agricultural machines and linchpins from carriages were among his favorite plunder. With the exception of this propensity and its attendant falsehood, not the slightest trace of insanity could be discovered by the most practical expert. He was almost exquisitely tasteful and particular in dress; a



thorough gentleman in his manners, an agreeable conversationalist; and so good a writer that his productions were welcomed by the newspapers of the city. His pen was so wondrously prolific as almost to justify Dr. Godding's expression that "there wasn't paper enough in Illinois to feed his marvelously active pen." One of his most amusing robberies while at Oak Lawn was at the office of the newspaper where his productions had been received. He took from the editorial sanctum the whole outer wardrobe of proprietors, editors and reporters, they all the time positive that some one of the staff had been in the room every moment, and the attendant equally positive he had not been out of sight five minutes. The booty in this instance was found some blocks away in an alley, where it must have been taken under the very face and eyes of scores of persons, the perfect noon-day boldness of the act disguising its nature to lookers on. But C—— reserved his great crowning *coup de main* for the expiring year, 1875, when he went out from Oak Lawn in a blaze of climacteric glory. His attendant went to watch-meeting, leaving, as he claimed, his patient's door locked. In the morning C—— was missing, together with nearly a horse-load of clothing, etc., belonging to one and another, the attendant himself a large loser. He turned up in Chicago in a few days, having disposed of his stolen valuables and commenced his peculiar operations, an account of which I transcribe from the *Chicago Journal*:

#### A PRETTY PIECE OF BUSINESS.

A week ago Saturday there called at the residence of Mr. Cameron, 246 Indiana street, a man who expressed a desire to see the lady of the house. He was taken to the parlor, where shortly afterward Mrs. Cameron went to ascertain his business. While he was unfolding this, Mr. George Cameron, a member of the family,

passed through the hall, and glanced in. He did not like the stranger's appearance. Several houses in that neighborhood have recently been robbed by sneak-thieves, and Mr. Cameron thought it might be as well to watch. Retiring to the head of the stairs he waited. After a few moments Mrs. Cameron left the stranger in the parlors, and also went up-stairs on some errand which he had induced her to go, and had scarcely reached the landing when Mr. Cameron saw the man emerge with the bundle, which he deposited on a step outside, and then return. Mr. Cameron followed his mother and informed her of what he had seen. The two went down together, and Mrs. Cameron ordered the man off the premises. He would have gone had not Mr. Cameron barred the way and seized him by the collar. A struggle took place, during which they rolled out of the door and down the steps to the sidewalk, where Mr. Cameron landed "on top," with his knees on the other's chest. A crowd immediately gathered around, and assisted Mr. Cameron in securing his man. People were sent for the police, but no policeman was to be found—of course not, there being trouble—so that Mr. Cameron and a volunteer were obliged themselves to take the fellow to the Chicago avenue police station. On the way he offered his captors his pocket-book and all the valuables he had about him for freedom, which overtures they declined to entertain. At the station he gave the name of A. B. C——. He was searched, and in his pockets were found several books, an album, and a pair of opera glasses, which were promptly identified by Mr. Cameron as being the property of his family; together with many other things, among them two toilet bottles, and two large bottles of German cologne, and a bunch of about one hundred keys, of all sizes and sorts, two being keys to rooms in the Clifton House. Mr. Cameron found that the bundle which C—— had carried out of the parlors, contained his (Mr. Cameron's) overcoat, a new and handsome garment. C—— was locked up, and Mr. Cameron was told to report on Monday, and bring his mother with him, to appear against him at the examination. On Monday they went as ordered, when Mr. Cameron was called aside by one of the officers, who informed him that C—— was a lunatic, and that one of his brothers would be there that day to take care of him, that notice would be given of the examination, and that he need not wait. He went down town to his business. During the day a policeman called at the house and told Mrs. Cameron that C—— was an escaped lunatic from Jacksonville, and that his keeper, who had "been traveling with him," was come to take him

away. Mr. Cameron notified her son, who went to the station as soon as possible, and was there informed that "a man" had taken C—— away. This seemed to him a very curious termination to the business, but having unsophistic confidence in the officers he supposed it was all right. Nothing was said about it for a day or two. Then some of the neighbors who had seen the trouble began asking how it had resulted. The answers they got excited some little indignation. The North Side has suffered severely from thievery of this kind, and very few of the thieves have been caught. That one so palpably a bad one should be suffered to go without even the form of an examination was too much for their good nature. They made Mr. Cameron promise to lay the matter before Superintendent Hickey—which he has done—and an investigation will probably be made. It is difficult to believe that the officers at the Chicago avenue station are so ignorant as to suppose that escaped lunatics and their keepers are in the habit of junketing about the country with pockets full of other people's property and keys to other people's houses; or that a person caught in the very act of stealing valuable goods can properly be allowed to go free without an examination, no matter how crazy he may be, nor how many of his brothers call for him; or that an examination of the prisoner, in such a case, without the presence of the witnesses to his crime, is a valid examination. Mr. Cameron is a credible man. He is employed in the office of J. J. Brooks, assistant chief of the secret service, and trusted by that gentleman.

Immediately after his release at Chicago he was committed to the Central Hospital for the Insane, Jacksonville, Ill., where he now is, or was a short time ago. From the first he has there been pleasant and gentlemanly in his bearing towards the officers. He feels above his fellow-patients, calls them paupers utterly beneath his social station, prides himself upon, and boasts of his travels, his money, the responsible positions he has held and demands superior accommodations and extra attention. The first thing noticed there in the direction of his peculiarities was that he was cutting verses of poetry or sentences of prose from their library books, and carefully folding and secreting the slips. He also took every opportunity of searching the

pockets in clothing of other patients. He went to their county fair in charge of an attendant, stole the entry book and when search was instituted for it slipped it under the arm of a fellow patient, and appeared of course wholly innocent. In January, 1877, an examination of his bureau revealed a collection of almost everything he could get hold of, old newspapers, stumps of cigars, old tobacco quids—he does not use tobacco himself—all nicely rolled up in papers, and marked in his name.

In August, 1877, C——— escaped from the Hospital, and his adventures are told in the following extracts from the *Jacksonville Journal*:

#### STEALING STEEDS.

At an early hour, Tuesday morning, a good-looking, well-dressed, heavy-set man, giving his name as Brown, applied to Jim Mitchell, of our city, for horses and carriage to take him out west a few miles. Jim had other engagements and so took the stranger to Springer's stable. Here he procured a buggy and two nice mares, with which he started off, promising to be back by night. The day and night passed, but neither Mr. Brown nor the team returned. Yesterday morning the proprietors were beginning to be suspicious that something was wrong, when a telegram came from the chief of police of St. Louis, asking if any horses had been stolen from the Park House stables. Further telegraphic correspondence elicited the fact that a man named C——— had arrived that morning and attempted to dispose of a buggy and horses answering the description of those hired out from Springer's, and was now under arrest. Mr. Neely went down yesterday afternoon to identify the property, and City Marshal Sperry will go to-day with a requisition from the Governor for the thief.

---

#### C———'S FREAK.

The *Globe-Democrat*, of Thursday, has the following in reference to the arrest of the thief of the team from Springer's stable last Tuesday :

Yesterday forenoon a man named A. B. C———, a resident of Jacksonville, Ill., drove up to the stable of J. P. Mullally, No.



1,325 Broadway, and offered for sale a fine team of horses and a buggy, worth about \$400. Mr. Mullally, ready for a legitimate trade, asked C—— what he wanted for the outfit. The latter replied that \$125 would buy it. This led the stable-keeper to imagine that something was wrong, but determined on making the bargain, if all was right, he told C—— that if he would bring satisfactory references he would take the team. Scarcely had Mullally got the word "references" out of his mouth when C—— took to his heels and ran. Officer Cassidy, who was notified, gave chase, and, arresting the fugitive, took him to the Carr Street Station. There he gave his name and residence, and said that he had hired the team in Jacksonville, on Tuesday morning, and driven directly here. The man's actions showed clearly that he was insane, or playing the part of a crazy man, to shield himself from punishment. The authorities at Jacksonville were telegraphed, which resulted, during the afternoon, in the arrival in the city of Mr. J. Neely, of the firm of Neely & Springer, owners of the horses. Mr. Neely stated that C—— had been an inmate of an insane asylum, and there was but little doubt of his being crazy, though he had been allowed his liberty for several months past. Although there is no doubt in any one's mind here as to the unsoundness of mind of Mr. C——, City Marshal Sperry has procured the necessary papers from Governor Cullom and gone to St. Louis to bring up the arrested man.

---

#### C——'S FLIGHTS.

There is certainly a great amount of method in the madness of Mr. A. B. C——, *alias* Baker, *alias* Clark, &c., enough to make police officials who have him in charge keep their eyes well opened unless they wish to lose him. The *Journal* has duly mentioned his theft of Springer's horses and his subsequent arrest in St. Louis. Marshal Sperry's experiences with him *en route* to this city illustrate our opening statement. It seems that Sperry started on his return last Saturday evening, and while passing through Alton the prisoner, though handcuffed, managed to spring from the train. The cars were running at a tolerably rapid rate, but Marshal Sperry got off as soon as possible and made diligent search. He failed to discover the criminal. Sunday morning, about 4 o'clock, a stranger made his appearance at the house of Mr. Wm. Watts, in North Alton, and wished to borrow a file and

some other tools, stating that his wagon had sustained some injury. A file was furnished him by Mr. Watts' man, who noticed that his hands were held together, covered by a sack. This aroused suspicion, and search was soon made, but the suspected individual was not found until about ten o'clock that night, when Mr. Watts and a posse of neighbors succeeded in effecting an arrest, when they found that one "bracelet" had been filed almost off. The man, C—— of course, plead for his life when taken, as he seemed to think that lynch law would be enforced against him. His fears were soon quieted, and he was in due time brought to our city and confined in the county jail. Yesterday he was arraigned before Justice McCullough, and bound over by him under \$800 bond.

Before this action was taken, however, C—— tried flight again. Rushing suddenly out of the magistrate's presence, he bounded down-stairs and ran, as for dear life, to Court street, and east on that street nearly a block, with officers and a great crowd in full chase. Here he was confronted by Officer Gregory. There was no use trying to get past Dick, and soon Mr. C—— was back in the justice's room, and shortly after in Sheriff Dunlap's care. It seems a little strange to take an escaped lunatic through all this process of law, for any jury, when trial comes, will certainly re-consign him to Central Hospital.

After his return he was placed in a ward where he had less opportunity to steal; but when he could do nothing else he would throw towels, brushes, combs, and other articles out the window. In January, 1878, he again escaped by slipping into the porter's closet while on his way to chapel, and, after the coast was clear, making his way out of the house taking suitable outer clothing from hat-tree in the hall. He went to Springfield, Ill., and began his peculiar operations without delay, taking some small things from nearly every place he entered. He was finally detected in stealing from the money drawer of a small grocery, arrested and placed in jail, whence he was returned to the Hospital.

The foregoing is only a sketch of the salient points of a case, which, to those who have had personal

knowledge thereof, has been exceedingly interesting, and vexatious as well. It is brought before the Association in the hope that the key to the whole history may some time be found. If any member is, or should become, conversant with any additional facts in the case, he will confer a favor on the writer and others by communicating them.

# THE THEORY AND PRACTICE OF NON-RESTRAINT IN THE TREATMENT OF THE INSANE.

---

BY W. LAUDER LINDSAY, M. D., F. R. S. E.,  
Physician to the Murray Royal Institution, Perth.

---

[From the *Edinburgh Medical Journal*, April and June, 1878.]

“The colors with which wit or eloquence may have adorned a *false system* will gradually die away, sophistry be detected, and everything estimated at length according to its true value.”—The celebrated dissenting divine, the Rev. Robert Hall, of Cambridge, “*On the Right of Public Discussion.*”

## I.—INTRODUCTION.

The *raison d'être* of the present paper is simply the following:—

I. Looking back upon an experience as an asylum physician of five and twenty years—and experience that has included an inspection of numerous asylums, not only in Scotland, England and Ireland, but on the continent of Europe, in the United States and the Canadas, Australia and New Zealand, as well as conferences with their medical authorities—I have met with no question bearing on asylum management that has excited—very properly—so general an interest as that of *restraint or non-restraint* in the treatment of the insane.

II. I believe it to be one of infinite moment compared with the trivial matters—pathological, therapeutic, or other—that occupy the attention of a now numerous and ever-increasing body of alienists, underlying, as the subject of restraint or non-restraint does, the whole principle and practice of asylum management.



III. During the last twenty years, at least, I have been collecting materials bearing on or illustrative of—

1. The *arguments* used—where argument is used at all—by the supporters of the rival doctrines of restraint and non-restraint.

2. The extent to which *mechanical restraint* is employed in the asylums of Britain and other countries, and especially of *England*, as compared with other countries.

3. The *forms* in which such restraint is applied.

4. The *reasons* assigned for its application—the *objects* proposed to be attained thereby.

5. The nature of the *substitutes* employed for mechanical restraint by those who disapprove of it.

6. The *results* of the use of these substitutes; with

7. The results of the simple *non-use* of mechanical restraint.

IV. I have been over and over again, especially in England, strongly urged to publish the result of all these inquiries—a *résumé* of all the information collected—a tabulation of recently expressed opinions for and against the use, in some form and in certain cases, of mechanical restraint.

## II.—THE RESTRAINT CONTROVERSY.

The late Sir Henry Holland, in his *Recollections of Past life* (p. 322), says:—"The time and temper of the physician are both grievously wasted if submitted to controversies, utterly useless, where ignorant asseveration takes the place of that evidence which alone can establish a medical truth. In such cases, I have myself generally found the refusal of discussion a more effectual answer than any train of reasoning. One of the sharpest weapons in argument is *silence*, and the

most provoking to an adversary, if this were an admissible motive. But there are few who have patience and discretion enough to make the proper use of this resource when the feelings, as well as the reason, are called into play."

My own experience and practice have been very much those of the sagacious baronet. It has been my lot to be misjudged and misrepresented by those whose "ignorant asseveration" proclaimed itself, and furnished its own antidote and punishment. I have always felt, and have acted on the feeling, that

"The noblest answer unto such  
Is kindly *silence* when they brawl."

Unfortunately, however, the men who substitute "ignorant asseveration" for "evidence"—who prefer an indulgence in undignified personalities to the discovery of a "truth"—do not appreciate the intended kindness of such "silence." On the contrary, finding themselves unchallenged, they believe themselves to be unchallengeable; and they continue their "ignorant asseveration" in season and out of it, till this asseveration is currently accepted as a statement of fact. The result of such an acceptance of unsupported asseveration—so far as concerns the use, non-use, and abuse of mechanical restraint in the treatment of the insane—has been most disastrous. In consequence of its having come to be believed in other parts of the world that what I shall hereinafter speak of—for the reasons presently to be assigned—as *Conollyism*, is the general creed of the alienists of Britain, the principle and practice which that preposterous doctrine embodies have been adopted—temporarily, however, I do not doubt—in a way and to an extent that has been more productive of evil than the so-called "system" Conolly's practice was designed to supersede.

## III.—CONOLLYISM.

In his *Treatment of the Insane without Mechanical Restraints*, published in 1856, Dr. Conolly professed "the extremest jealousy of admitting the *slightest occasional appliance* of mechanical restraints in any asylum. Once admitted, under whatever pretext," he asserted, "and every abuse will follow in time" (p. 29). "No fallacy can be greater," says he, "than that of imagining what is called a *moderate* use of mechanical restraint to be consistent with a general plan of treatment in all other respects complete, unobjectionable, and humane. The abolition must be *absolute*, or it can not be efficient" (p. 31). "In a well-regulated asylum, such modes of restraint are *never* thought excusable" (p. 59). "Restraints and *neglect* may be considered as synonymous; for restraints are merely a general substitute for the thousand attentions required by troublesome patients" (p. 323). "In whatever asylum mechanical restraint is avowedly often resorted to, many of the evils and neglects of which I have spoken do also still actually exist, and *must* exist" (p. 357). "When established as a part of the system in any asylum, it always became by degrees the predominating part. Its progress was uniform, certain, inevitable" (p. 358). "If, unhappily, the general use of restraints should, in the capricious revolutions of medical opinion, again be established \* \* \* all security for the proper treatment of insane patients will be taken away. One *abuse* will follow another; all kinds of neglect will gradually be practiced, and the slow introduction of the most detestable parts of the old treatment will be inevitable" (p. 360). "The certainty of abuse creeping in on the use of coercion, wherever it is permitted, is an argument against it, which nothing can overcome" (p. 231). "There is *no* asylum in the world in which

all mechanical restraints may not be abolished, not only with perfect safety, but with incalculable advantage" (p. 261).

It is quite clear, then, that Conolly insisted upon the "*entire* disuse of restraint" (p. 175), declaring that, in *no case*, however exceptional, is mechanical restraint justifiable; and that the physician who uses such a mode of treatment is culpable, while the asylum over which he presides must become a very pandemonium. This intolerant and intolerable dogma—opposed as it is to all common sense, common feeling, and common experience—I have designated *Conollyism*, because it was undoubtedly by means of Conolly's publications that the dogma became popular, and mischievous in proportion to its popularity.

But there is a claimant for priority of discovery of what has been most absurdly and extravagantly termed the "Non-Restraint System," in the person of Dr. Gardiner Hill, formerly of the Lincoln Asylum. In the *Medical Discovery* for the present year (1878), this gentleman describes himself as the "author and originator of the non-restraint system of treatment in lunacy," and as the author of works with the following titles:—  
1. *A Concise History of the Entire Abolition of Mechanical Restraint in the Treatment of the Insane, and of the Introduction, Success, and Final Triumph of the Non-Restraint System* (1857). 2. *Lunacy, its Past and Present* (1870).

From the first-named work we learn (p. 51) that a public testimonial was presented to its author, as a public benefactor, in 1851, part of the inscription whereon bore that he was the "author and originator of the *total abolition* of restraint in the treatment of the insane, now commonly called the non-restraint system." He refers complacently to "that *system* of treat-



ing insanity which I had the happiness of *discovering*" (p. 52). "No such statement as mine," he tells us, "had been made by any man living" (p. 12). He denounces mechanical restraint as "*in all cases* injurious, and its application consequently unjustifiable" (p. 12). The term non-restraint "was coined by myself to express the *total abolition* of all instrumental restraint" (p. 54).

Here again there can surely be no mistake as to our author's meaning or opinions, which are virtually, so far as we can judge, those of Conolly.

Leaving Conolly and Hill to share the glory of such a discovery as has been herein above described in their own language, I go on to say, that in the course of five and twenty years I have heard only of three out and out supporters of Conollyism, two of whom are Conolly's own sons-in-law. These three gentlemen, all of them physicians of experience in lunacy practice *in England*, are—Professor Maudsley and Dr. Harrington Tuke, of London, with Dr. Lockhart Robertson, formerly of the Sussex Asylum.

To these names we must apparently add that of the late Dr. Hutcheson, of Glasgow, for Conolly tells us that the inscription on the foundation-stone of the Royal Asylum at Gartnavel, on the suggestion of Dr. Hutcheson, "recorded that, into that Institution mechanical restraint was *never* to be introduced."\* How far his more liberal successor in office, Dr. Yellowlees, has held or may hold himself bound by such a restriction, I know not; but he has left us at no loss as to his own views on "mechanical restraint in cases of insanity."†

I am sorry that Conolly's disciples are not more numerous, because, while sharing in the prestige at-

\* *Treatment of the Insane*, p. 298.

† *Lancet*, vol. i. for 1872, p. 700.

tached to his name and works on the one hand, they might share the burden of responsibility for the mischief he and they have done on the other.

In a special manifesto he has given to the world on the treatment of the insane without mechanical restraints,\* Professor Maudsley says, "I certainly do not hesitate to express a strong personal conviction that the use of mechanical restraint in any asylum, public or private, is an indication of a *badly-managed* institution, and that its use in the treatment of private cases is *unnecessary and prejudicial* (p. 199). \* \* \* How little a *system* of mechanical restraint fulfills the conditions of the first principle of treatment is so plain that a wayfaring man, though a *fool*, can hardly fail to see it (p. 196). \* \* \* To scold, bully, or punish an insane patient would be almost as injurious to him, and certainly as contrary to the true principle of the non-restraint system, as to apply mechanical restraint" (p. 195).

Dr. Maudsley admits that the new or non-restraint system, at all events, has not produced a greater number of recoveries from insanity. He raises the question whether the present "asylum system," in some quarters so much belauded, "is so much superior to the old system as some persons imagine." He points, indeed, in 1872 to "a considerably *lower proportion* (of recoveries) than under the bad state of affairs before 1845."†

An obituary eulogium of Conolly gravely asserts that "what Conolly did was not merely to *abolish* restraint and torture within the sphere of his personal control, but to render their continuance *impossible within the limits of civilization*;" to show that "all

---

\* In the *Practitioner* for October, 1870.

† "Is Insanity on the Increase?" *British Medical Journal*, vol. i, for 1872, p. 39.

*coercion* applied to the insane is *not only unnecessary but hurtful*.”\* Unfortunately, however, for Conolly’s reputation, and that of his partisans for fairness or freedom from bias, the pictures he paints† of the evils of restraint apply with much greater truthfulness to those of his own system, non-restraint.

The views of Conolly and his school have been continuously advocated by two medical journals—the *Journal of Mental Science* and the *Lancet*—and frequently in language so very similar, that it would appear as if the advocate had been in both journals the same. It will be seen from the quotations given subsequently, that in one case at least, that of Dr. Lockhart Robertson, the same writer did ventilate his opinions in both the journals in question. Of the character of some of the diatribes of the *Lancet* the following may be taken as a specimen, its date being so recent as 1872: “The infliction of mechanical restraint demoralizes those who use it and those who suffer it, giving rise in the long-run to negligence and brutality in the former, and to dirty habits, noise, and excitement in the latter.”‡ It is significant that the *Lancet* reviewer withholds his name; while those whom he criticises, and who are fair representatives of the county asylum superintendents of England, viz: Dr. Yellowlees, then of Glamorgan; Dr. Murray Lindsay, of Derby, and Dr. Hills, of Norfolk, all speak out in their own names, and in bold, honest, manly, moderate language, expressing views to which they are as fairly entitled as can be any anonymous critic on the *Lancet* staff. Thus, Dr. Hills, winding up a series of letters in the *Lancet* in 1872, inaugurated by Dr. Yellowlees, confesses that “for eighteen years I have seen mechanical restraint em-

---

\* *Journal of Mental Science*, Vol. xvi, p. 147.

† For instance, in the quotation given in *ibid*, p. 146.

‡ Vol. i, for 1872, p. 700.

ployed in certain cases *with the best results*,"\* and there are many asylum physicians who could give the same emphatic testimony, were they only not afraid of subjecting themselves to the sneers and abuse of anonymous critics. But let them take courage, remembering what was long ago said by that grand expositor of human nature, Shakespeare, in his King Henry VIII.:—

\* \* \* "We must not stint  
Our necessary actions in the fear  
To cope malicious censure."

Or by another poet:—

"He is brave who dares to be  
*In the right* with two or three."

Or by the Poet Laureate of our own days, Tennyson:—

"Because right is right, *to follow right*,  
Were wisdom in the *scorn of consequence*."

#### IV. *The practice of Conollyism by Conolly and his Disciples.*

That practice is frequently something sadly different from profession or precept, Conollyism during the last five and twenty years furnishes a striking illustration.

Firstly, as regards the founder of the new faith, Conolly himself, we find the very man who objects to the use of any simple means of confining the hands, and so preventing dangerous mischief, advocating the use of *padded rooms* and *seclusion*.

Seclusion he regards as a necessary alternative in the case of patients "who, if at large, *must* be degraded by the muff and sleeves" (p. 232). But seclusion implies loss of fresh air and of due exercise, of society and its advantages, none of which need be withheld from violent patients whose fingers or hands are confined by mechanical means.

---

\* Vol. i, for 1872, p. 810. Vide also p. 740 and p. 880.



He considers *padded rooms* "the real substitutes for restraints in very violent cases," \* \* \* and "of the highest importance, offering indeed an auxiliary, *without which* it is questionable whether or not restraint *could be entirely dispensed with* in any large asylum" (p. 42). "Where there are no padded rooms to resort to, I fear some parts of this ancient treatment must be *scarcely avoidable*, for many patients, particularly in the early stage of their malady, can not safely be at large in the wards *except in close restraints*, nor safely placed in an ordinary sleeping-room unless they are *fastened to the bedstead*. \* \* \* This state may continue for many days, or sometimes for many weeks; and for meeting such exigencies the padded room and much watching, and all practicable attentions, seem alone adapted (p. 49).

Here we have some singular and serious admissions, qualifications, and assertions that of themselves go far to neutralize his own dogmatism as to the "entire disuse" of mechanical restraint.

Now the occasional use made—or rather abuse—of *padded rooms in Hanwell* may be illustrated by the Nistri case, that figured in the London journals in 1869—the case, that is, of a poor Italian, who died there "with breastbone crushed in, and nine broken ribs," supposed to have been produced by attendants kneeling on his chest, whilst forcibly dressing him in a padded room. The *Daily Telegraph* of 30th October, 1869, had a leading article on the subject, in which it referred to the poor man's body as "a corpse, bruised and battered, left to give mute evidence of suffering, at least, if not of ill-treatment." Among other curious particulars brought out at the inquest was the further use of a *box-bed* in a padded room.

Referring to the introduction into asylums of what he constantly describes—like Gardiner Hill—as a "new

system," which means neither more nor less than the *non-use*, even in proper cases, of mechanical appliances for the restraint of hands or feet, and which is therefore a mere feature that may belong to any "system" or scheme of treatment, Conolly naively confesses—is compelled by the inexorable evidence of daily recurring facts to do so:—"All this, however, supposes a complete establishment, humane attendants, faithful officers" (p. 60): supposes, that is, a Paradisaical or Utopian state of matters that in a quarter of a century of travel abroad and at home I have not yet met with, and do not expect to meet with, so long as human nature remains what it is!

I have twice, at least, visited Hanwell, the scene of Conolly's operations, on the last occasion spending several days there. I have also, mostly in or around London, met with several of Conolly's former subordinates at Hanwell; and I have carefully read several of his publications, sometimes more than once. The result is, that I have been struck with the following things:—

1. That, notwithstanding all the operations and traditions of Conolly, although its affairs have been administered since his day by a series of disciples professing his views, Hanwell is one of the worst asylums I have seen in any part of the world, whether as regards its structural arrangements or its government.

And I am emboldened to say so by the circumstance that herein Conolly himself agrees with me, for he points out in no doubtful language the shortcomings of Hanwell in the last chapter of his *Treatment of the Insane* (e.g. p. 370, *et seq.*), or in the last of his *Lectures on Lunatic Asylums*.\* He there indulges in severe animadversions on the misgovernment of Hanwell, dwell-

---

\* Quoted in the *Journal of Mental Science*, vol. xix, p. 647.

ing on its unqualified directors and on the false position of its physicians.

2. Notwithstanding their training by, or under, Conolly himself in his own "non-restraint" principles, some of his own former officers have been among those who, on the one hand, have most strenuously urged me to publish a manifesto in favor of *toleration and moderation* in opinion and practice, and on the other, have themselves, guided by their own experience, most keenly recommended the use, in proper cases, of *mechanical restraint*.

Dr. Gardiner Hill—Conolly's rival in the discovery of "non-restraint"—at the Lincoln Hospital, himself, *after* the public proclamation of his famous dogma, directed the application of *mechanical restraint*, apparently by *wrist-locks*, in attempting to fasten which the patient "was thrown down and overpowered." This procedure lasted eighteen hours, and its necessity was ascribed to "a disorganized state of the staff of attendants."\* But such a condition of the staff of attendants may be said to be in asylums the rule and not the exception. So far, at least, as my own experience goes, and it includes conversations and correspondence with scores of asylum physicians, and the perusal of hundreds of asylum reports, a satisfactory "staff of attendants" exists in no asylum, nor is a perfectly trustworthy staff attainable. Here again, then, in Dr. Gardiner Hill's case, we have a striking contrast between precept and example, theory and practice.

In consequence of the invitations so copiously issued to all the world in the *Journal of Mental Science*, while it was under his editorship, by Dr. Lockhart Robertson,† to visit the Sussex Asylum, as one offering

---

\* *Brit. and Foreign Medico-Chirurg. Review*, April, 1869, p. 341.

† *E.g.* in vol. ix, pp. 146 and 299.

unrivalled facilities for the study of the proper treatment of the insane, I made a pre-announced inspection of it at the time I was studying the results of Conollyism in the large asylums in and around London. I have read many of Dr. Robertson's publications, and those of his successors in office, mostly in the *Journal of Mental Science*, as well as the annual reports of the Sussex Asylum. And I have no difficulty in conceding a distinction to that Asylum as the scene of—

1. The use, under Dr. Robertson, of the *most complete form of mechanical restraint* with which I am acquainted, that which he calls the *wet-pack*. I have myself tried it, and can estimate its operation, therefore, both as regards the application of water and the application of restraint. And I mention this fact—that I have subjected myself to the wet pack in hydropathic establishments before offering an opinion as to its hydropathic or restrictive powers—as a lesson to those who make rash assertions\* concerning things they have never seen, and operations of which they can know nothing.

In 1869 there occurred an investigation by the Commissioners in Lunacy of a *death after the wet-pack* in the case of a certain Ellen Hood, in the Sussex Asylum, which brought to light circumstances that “show the danger attending this mode of treatment even in the most skillful hands.”†

In 1860, Dr. Robertson thus addressed the Secretary of State for the Home Department and the Commissioners in Lunacy concerning a certain criminal lunatic, then under custody, if not treatment, at Haywards Heath:—“I have placed him in seclusion and under

---

\* Wholesome illustrations of some of the consequences of *rash* statements are to be found in Dr. Paterson's *Biography of Prof. Syme*, 1874, pp. 219 to 221.

† *Twenty-third Report*, p. 41.



personal restraint, his hands fastened to a belt; and  
 \* \* \* I feel it my duty, looking to the safety of the other members of the establishment, equally under my protection, to keep him in this condition of *seclusion and restraint* so long as it shall be the pleasure of the Secretary of State that he be detained here.”\* And commenting on his “memorandum,” he tells us he “kept both his hands fastened in the ordinary police belt during his stay here. Had that stay been prolonged to the day of his death, I would not, I think, have felt myself justified in authorizing the entire removal of the restraint.”† Now this language, this opinion, this practice, are all equally emphatic, and they show, not only that Dr. Robertson did not hesitate to use what he deemed the only safeguard against danger from a homicidal lunatic, viz: confinement of the hands—the most probable means of inflicting injury—but that he used *different forms of mechanical restraint* in different classes of cases.

Notwithstanding, however, the use of the sheet pack—in other words the *maximum* of mechanical restraint—and of the police belt, by himself, and the common use of the camisole, or other means of fastening the hands or legs, in at least seven other English asylums, he assured the world in 1869, that “in the public asylums of England, containing 30,000 patients, *no mechanical instrument of restraint whatever* has, for the last fifteen years, been used!”‡

2. The use also—to an extent that is, at least, not common in other asylums, and is emphatically condemned§ in many—of what is frequently designated, in

\* *Journal of Mental Science*, vol. vi, p. 390.

† *Ibid.*, p. 391.

‡ *Journal of Mental Science*, vol. xv, p. 142.

§ See what was said by several of the witnesses examined before the Dillwyn Committee of last year on the *artificial production of dementia* by drugging, as well as by Dr. Blandford in his *Manual*, *e. g.*, pp. 232 and 248.

contradistinction to mechanical restraint, *medicinal restraint*—that is, the quieting of noisy, violent patients by means of soporifics or narcotics. In Sussex the favorite form of drug used seems to have been digitalis, which figured, along with the wet pack, in an inquest on a certain James Snashall at Brighton, in February, 1864.

3. The padded room would also appear to be one of the institutions of the Sussex Asylum,\* for we read in 1870 of a fatal case of *fractured ribs* in a padded room there. And this leads me to remark that *broken ribs* are one of the common fruits in *England* of the *non-use* of mechanical restraint, or of protection-beds, which do not confine either hands or legs, and prevent a whole host of accidents that are liable to occur to asylum patients.†

Moreover, that *manual restraint* is applied at Sussex is rendered probable by the fact that Dr. Williams, now its physician, in 1864 gave a full account of his mode of rendering patients that required artificial feeding “perfectly restrained” and “completely mastered.” He frankly admits that, under some forms of manual restraint—that is, by the hands of attendants—the patient “surely becomes covered after a few operations by a mass of *bruises*.”‡ He has adopted his predecessor’s *wet-pack* method of treatment; though it is instructive as showing “what’s in a name,” even in the treatment of the insane, that he discontinued its use for a time on the English Commissioners in Lunacy and other authorities regarding wet-packing as *mechanical restraint*§ by swathing in a sheet, and restraint of the

---

\* *Journal of Mental Science*, vol. vii, p. 271.

† See what I have said on the “Protection-bed and its Uses” in the *Edinburgh Medical Journal* for February, 1878, with plate.

‡ *Journal of Mental Science*, vol. x, p. 374.

§ *Ibid.*, vol. xix, p. 648.

most thorough kind, involving not hands only, or legs also, but the whole body.\*

Conollyism, as a rule, has been strenuously advocated by the *Journal of Mental Science*, which while under Dr. Robertson's editorship in 1863, made such declarations as the following:—"No progress in the moral treatment of the insane can be made where restraint is practised, even as no real political freedom can grow up beside the accursed system of slavery.† \* \* \*

If restraint be permitted in an asylum *at all*, the principle of non-restraint can *never* take root there—the whole inner life of an institution is transformed when mechanical restraint is resorted to—the sentiment of force and of repression springs up with the feelings of fear and suspicion, and loosens the bands of mutual forbearance, confidence, assistance, and *charity*."‡

Dr. Robertson's piteous wailings over the then approaching downfall of Conollyism and Conolly-worship—for,

*"Ad summam quicquid venit, ad exitum prope est"*—

are to be found in a letter by himself in the *Lancet* in 1868,§ and I willingly assist in giving it all the publicity he sought for it, regarding it as I do as a characteristic sample of the style of *support and defense* that Conollyism is supposed to require.

*"Non tali auxilio nec defensoribus istis  
Tempus eget!"*||

\* The *wet-pack* form of restraint is or was used also in the Wakefield Asylum (*Twenty-sixth Report of the English Commissioners in Lunacy*, p. 204) and in that of Jersey (*Lancet*, vol. ii, for 1869, p. 484). The *dry-pack*, again—but "what was really a strait-waistcoat," according to the Commissioners in Lunacy—is or was employed at Wyke House, Illesworth, London (*Twenty-second Report of said Commissioners*, p. 58).

† Vol ix, p. 145. ‡ *Ibid.*, p. 90. § For 26th December, 1868, p. 826.

|| His dogmatism and inconsistencies in other matters connected with the treatment of the insane have been well exposed by Dr. Mitchell, one of H. M. Commissioners in Lunacy for Scotland, in the *Journal of Mental Science*, vol. xiii, pp. 475 and 497.

I have never visited the Manor House, Chiswick; but I have read many of Dr. Harrington Tuke's contributions to the *Journal of Mental Science*, and especially those in support of Conollyism.\* I was not a little surprised, then, when I read in the *Daily Telegraph*, in 1876, the details of an indictment by the English Lunacy Commissioners of an attendant at the said Manor House, in which, in connection with the suicide of a patient, a veritable *strait jacket* or waistcoat figured conspicuously. The Commissioners in question tell us in their very last blue book (1877, p. 108), that in the case of the said patient "it was deemed advisable to place him under restraint by means of a strait-waistcoat for three or four nights." Then a certain attendant, "without any orders from either of the medical officers, placed the patient again in the strait-waistcoat." And I was equally surprised when, some years ago, a young lady, suffering from acute suicidal mania, was sent to me from the same private asylum, and under charge of its attendants, who reported, on their arrival at Perth, to show the difficulty they had in controlling an obstreperous patient, and preventing scenes in the railway carriage, that they had to lay her on the carriage floor and *sit upon her*. Here, again, we have the substitution of what can not be called manual, but may well be designated *personal*, for mechanical restraint—restraint by the persons of attendants. Though dangerously violent previously, that same patient became at once calm, and slept like a child in a protection-bed.

We learn, moreover, from the Reports of the English

---

\* Specimens of the language in which he speaks of those of his professional brethren who differ from *him* in opinion and practice may be found in his evidence before the Dillwyn Committee of last year, as quoted in the *Journal of Mental Science* for January, 1878, pp. 484-5—a language whose style may be compared with that of Dr. Robertson in the *Lancet*.



Lunacy Commission, that at York—the headquarters of the Tukes, who claim with Pinel the honor of striking the fetters from the maniac—*mechanical restraint* is employed in proper cases, or was so in 1875 and 1876.

It would appear, then, that Conolly and Gardiner Hill, or their disciples, in giving up ordinary appliances for the confinement of the hands or legs, or both, use, did use, or approved of the use of, the following *substitutes*:—

1. *Complete* confinement or *restraint of the whole body* by means of swathing or tight wrapping in a sheet—a process that gives the unfortunate subjected to it the gratification of feeling himself a living mummy for the time being.

2. *Drugging* or narcotizing—and thereby stupefying into quietude.

3. *Seclusion* in padded rooms, which permits of nudity and dangerous exposure to cold, as well as exhaustion by excessive and untimely bodily exercise, with other evils arising from a comparatively unrestricted liberty.

4. *Manual or personal restraint*, mastery by the hands or persons of attendants—a mastery that involves *struggles* for physical supremacy, which struggles in their turn involve *rib-fractures* and other accidents—major and minor. On this point the *British Medical Journal*, in a leader on “Our Lunacy Systems,”\* remarks: “There is no difficulty, to our mind, in tracing all these *accidents* to struggles—possibly unavoidable under existing traditions—between patients and *attendants*,” to the “means adopted by the attendants to repress sudden outbursts of excitement or passion on the part of the patients.”

---

\* Vol. i, for 1871, p. 345.

In other words, the *practice* of Conolly and Hill, and their school, furnishes illustrations not only of manual and medicinal, but also of *mechanical restraint* itself, and in its *most thorough-going form*.

Well might an English reviewer ask, in 1869, "Are we, as Englishmen, *honest* in our representations regarding non-restraint, and in contrasting our practice with that of the Continent?"\*

Let the answer come from the *Journal of Mental Science*, or its then editor, Dr. Lockhart Robertson, who thus wrote in 1863:—"It is either a *fact* that we at Hayward's Heath treat \* \* \* five hundred lunatics of every description \* \* \* *without any means of restraint*. \* \* \* Or if *not a fact*, our assertion—which we boldly repeat—is certainly an *English swindle*."† This is precisely the conclusion that had been come to by Dr. Neuman, Dr. Erlenmeyer, and other distinguished German alienists, to whom Dr. Robertson had in vain offered bed, board, and clinical instruction at Hayward's Heath‡ in order that some one of them might, to use Dr. Robertson's own words, "convict us before the scientific world—by fact of his own observation—of *gross imposture and swindle*."§ "Shame," he declares, "which is the portion of the *false witness against truth*," awaits the man who will not "first avail himself of *our hospitable offer of entertainment and clinical instruction* in the principles and very keystone of the art which he thus proposes to expound. \* \* \* We can assure him that a week's clinical study here will send him home a wiser man as well as a more humane practitioner of the healing art."||

---

\* *Brit. and Foreign Med.-Chirurg. Review*, April, 1869, p. 386.

† *Journal of Mental Science*, vol. ix, p. 298.

‡ *Ibid.*, pp. 146 and 299.

§ *Ibid.*, p. 299.

|| *Ibid.*, vol. ix, p. 146.

## V.—OPPONENTS OF CONOLLYISM.

Those who, whether they themselves use it or not, approve of the use, in certain exceptional cases, of some simple form of *mechanical restraint* as preferable, as more efficient—from all points of view—and more humane than the *substitutes* that have been employed for the mere fettering for the moment of the hands; those who regard the dogma that mechanical restraint is *never* to be employed as an intolerant and mischievous absurdity—an insult to the common sense and common feeling of the physician engaged in lunacy practice—a subjection to ignominious bondage of his freedom in opinion and practice—constitute the *great majority of alienists throughout the world*. These authorities include, for instance—

1. *In Britain*:—1. The Lunacy Boards and Commissioners of each of the three kingdoms. But it is significant that it is *in England*—where it was to have been expected that *reaction* would be strongest and most striking from and after the too-long-existing thralldom of Conollyism—that the public lunacy authorities have most decidedly not only permitted the use of *mechanical restraint* in English asylums, but have *recommended*, if not insisted upon it. Thus Dr. Blandford tells us, in his excellent manual for students,\* that, “at the suggestion of the Commissioners in Lunacy themselves, I have employed mechanical restraint.” But such suggestions by the Commissioners have not always been acted on. In a case in which they recommended it—and it was not employed—“the patient, though constantly watched by two attendants, gouged out both his eyes.”† This may be set down as a de-

---

\* *Insanity and its Treatment*, 1871, p. 211.

† According to Dr. Yellowlees of Glasgow, *Lancet*, 22d June, 1872, p. 881, in an admirable letter on “Mechanical Restraint in Cases of Insanity.”

plorable but exceptional accident; but, in fact, it is a bagatelle compared with the major evils that are incessantly arising from the *non-use of mechanical restraint when it ought to be used*. In 1869, the English Commissioners themselves tell us: "We intimated \* \* our opinion that, in such exceptional circumstances—for the better protection of a patient during the administration of food by the stomach-pump—mechanical restraint, by means of a padded-chair or other suitable appliances, would be justifiable, and *preferable to manual coercion*." They did this in consequence of their entertaining no doubt that certain *rib-fractures* at the Wakefield Asylum "occurred during the struggles reported to have taken place while the patient was forcibly fed and held by the attendants."\*

2. Individual members of the Lunacy Boards of the three kingdoms; such as—Dr. W. A. F. Browne; and Dr. Sibbald (Scotland); with Dr. Wilkes (England); and Dr. Crichton Browne, one of the Visitors of Chancery Lunatics.

3. The authors of all our standard works on psychological medicine, to wit—the late Professor Laycock (Edinburgh); the late Dr. Thurman (Wilts); the late Dr. Thompson Dickson (London); the late Dr. Forbes Winslow (London); Dr. Millar (London); Dr. Noble (Manchester); Dr. Bucknill, Dr. Blandford and Dr. Sheppard—all of London.

4. The medical directors of our largest asylums, including the late Dr. Skae (Edinburgh); the late Dr. Stewart (Belfast); Dr. Yellowlees (Glasgow); Dr. Murray Lindsay—one of Conolly's own successors in office at Hanwell; Dr. Wickham, formerly of the Royal Edinburgh Asylum, now of that of Newcastle; Dr. Rogers, of Rainhill, Lancashire; Dr. John Robertson, of the

---

\* *Twenty-Third Report to Parliament*, p. 44.



Monaghan Asylum, Ireland—a brother of Dr. Lockhart Robertson, and for many years one of the medical officers of Hanwell;\* Dr. Ashe of Dundrum, Dublin—the gainer of two of the Carmichael Prizes of the University of Dublin, and one of the most accomplished alienists in Ireland; Dr. Bayley (Northampton); Dr. Manley (Hants); Dr. Biggs (Wandsworth, Surrey); Dr. Green (Birmingham); Dr. Hills (Norfolk).

5. The physicians of our best *Private Asylums*, including Dr. Bodington, of Ashwood House, Staffordshire; Dr. Hewson, of Coton Hill, in the same county; Dr. Haynes, formerly of the Royal Edinburgh Asylum, now of Eastnor House, Malvern; Dr. Kitching, formerly of the Friend's Retreat, York; Dr. Newington of Ticehurst, Sussex; Dr. Fox, of Brislington House, Bristol.

6. A section of the medical press, the *Medical Times and Gazette*, for instance, has been as conspicuous for its temperate advocacy of the use of mechanical restraint in proper cases as the *Journal of Mental Science* and the *Lancet* have been for intemperately denouncing it. An editorial article in the said *Medical Times*, on "Broken Ribs in the Insane," in 1870,† contains the following exposition of its creed:—"It is useless to talk of such (patients) as amenable to reason; they are amenable only to brute force. \* \* \* Such men *must* be hindered from injuring themselves and others. The question is how? Force of some kind must be used. \* \* \* With six or eight attendants holding a man \* \* \* it is impossible that he should escape bruising, even should he suffer no more serious

---

\* According to the Lunacy Commissioners for Ireland, in their *Twenty-Third Report to Parliament* (p. 78), where they remark on "the absence of restraint generally in Irish Asylums." Mullingar, however, would appear to be another exception (p. 81), and Londonderry a third.

† Vol. i. for 1870, p. 207.

injury. \* \* \* Whether should we prefer to be so held by six or eight men, with their localized grips, or by a stout sheet of canvas uniformly resistant? For our own part, we should, being sane, choose the latter.

\* \* \* In exceptional cases force of some kind must be used; the only question is *how best to apply it*.

\* \* \* Force is now used, we contend, *not* in the best way. \* \* \*

Restraint does exist now in the shape of *padded rooms* and attendant's hands. Why no other forms should be used we are at a loss to see." In another leading article on "The Insane and their Management," referring to acute maniacs, insane epileptics, and general paralytics, the writer declares, "restraint in some form or other is necessary."\*

The *Journal of Psychological Medicine*, also, as conducted by the late Dr. Forbes Winslow, did good service by the advocacy of moderate views. An important *résumé* of the whole subject of "Non-mechanical restraint in the treatment of the Insane" was given in 1854.† It summarizes the opinions and practice of all the then leading alienists of England, and classifies them according to their said opinions and practice. But it brings out certain curiosities of classification that are something more than curious. For instance, among the "advocates for restraint in surgical cases," we find the names of Dr. Conolly himself, and his son-in-law, Dr. Harrington Tuke,‡ while the "advocates for the total abolition of mechanical restraint"§ include neither Conolly, Harrington Tuke, Maudsley, nor Lockhart Robertson!

Of equal interest, and bearing intimately on the subject of restraint, is another article concerning "Seclusion in the Treatment of the Insane,"|| the writer of

---

\* Vol. i. for 1870, p. 469.

† Vol. vii, p. 541.

‡ *Ibid.*, p. 545.

§ *Ibid.*, p. 544.

|| Vol. viii. (1855) pp. 34, 35.

which—probably, as in the other case, the editor himself—Dr. Forbes Winslow, remarks: “If a superintendent administer morphia, or any other preparation of opium largely, he may boast of his rare cases of mechanical restraint and seclusion; but he ought not to boast of his skill and judgment in the treatment. \* \* If he pharisaically claim to be superior in benevolence and humanity to those who do use them when they think it best for the patient, we have no hesitation in saying that the charge of inhumanity and cruelty rather rests upon him. \* \* \* If deliriously moving hands and feet are mischievous, do not hesitate in restraining them by any benevolently appropriate means. But, above all, let not the medical practitioner, from any foolish fear of incurring censure or obloquy, restrain his own freedom of action, or the freedom of action of his brethren, by the dogmatic and intolerant enunciation of abstract principles. Such conduct is subversive of all independent, manly thought, and will inevitably bring on those who adopt it the imputation of cant, humbug, bigotry—things discreditable to the noble art of physic.”

II. On the *Continent of Europe*.—As a rule, all the most distinguished writers on psychiatric medicine, including the late Prof. Guislain of Ghent, author of the *Leçons orales* and *Traité sur l'aliénation mentale et sur les hospices des aliénés*; with the late Dr. Bulckens of Gheel; Dr. Parigot and Dr. Lentz, representing Belgium; the late Prof. Schroeder van der Kolk (Holland); Dr. Magnan,\* Dr. Marcé, and Dr. Voisin (France); Dr. Neumann, Dr. Stolz, and Dr. Erlenmeyer (Germany).

---

\* His use of the “Maillot” in the St. Anne Asylum, Paris, is referred to in the *Brit. Med. Journal*, vol. ii. for 1876, p. 805.

The *Norwegian Law* (of 1848) recognizes the necessity that exists for the imposition of mechanical restraint in Norwegian lunatic asylums; but it recommends, very properly, that its use should be as seldom resorted to as possible—in other words, only when necessary.\*

It is significant that at Gheel, in Belgium, where the free air, or family system, has been developed to its greatest extent, the use of mechanical restraint is found necessary as a part of this open air, abundance of exercise, rural life mode of treatment. A non-medical and quite unbiased eye-witness of the facts tells us that certain patients wear “the *ceinture à bracelets mobiles*—a belt, to which the arms are attached by means of softly-padded bracelets, chained to it at a sufficient length to allow of the use, but not the abuse, of the hand. The belt is of leather, and the whole is so cleverly concealed under the clothes as to be scarcely perceptible.”†

III. In the *United States of America*.—All its alienists, as a rule, including the AMERICAN JOURNAL OF INSANITY and its editors; along with Dr. Wilkins, Commissioner of Insanity for California, and as such the author of an important official report to his Government published in 1872; Dr. Ray, long of the Butler Hospital (Rhode Island), and author of the well-known *Medical Jurisprudence of Insanity*; Dr. Kirkbride (Philadelphia); Dr. Pliny Earle (Northampton, Mass.); Dr. Kellogg (Ward’s Island, N. Y.); Dr. Ranney (Madison, Wis.); Dr. Curwen (Harrisburg, Pa.).

Dr. Earle, when visiting Perth in June, 1871, assured me that not a single American asylum superintendent

---

\* Reprint, from the *Psychological Journal* in 1858, of a Paper on “Insanity and Lunatic Asylums in Norway,” pp. 41, 42.

† *Gheel: the City of the Simple* (1869), p. 103.



either professes or practices Conollyism (or did so at that time); not one believes that mechanical restraint is not sometimes necessary; and not one does not himself apply it in fitting cases. And, as one of the results of visits paid by him to no less than eighty-three asylums in different parts of the world between 1837 and 1871, the same authority declares that Conollyism "has been adopted nowhere to my knowledge out of the British Islands."\*

IV. *In Australia and other British Colonies.*—As a rule, all their alienists, who adopt the views of American, rather than of English, authorities on insanity and its treatment. Such men are included as Dr. Manning, now of Sydney, New South Wales, the author of the fullest and best report in the English language on the asylums of Europe and America—a report that was presented to the Government of New South Wales in 1868; Dr. Workman, formerly of Toronto (Canada); Dr. Cantor, Calcutta.

The authorities whose names have been specified do not represent a tithe of those who either themselves use mechanical restraint or approve of its use in suitable cases. For several years I kept a note of all the asylums whose physicians employed various means of confining the hands or arms, feet or legs. But lately I have found the numbers so great and the practice so common that I have discontinued this species of note-taking, from the scores of asylum reports that pass through my hands annually. It would have been easy then to have given a list of the asylums—say in England alone—in which mechanical restraint in some form is now used. But it is unnecessary, because a perusal of the annual blue books of the English Lunacy Board

---

\* 16th Report (1871) of the State Lunatic Hospital at Northampton, Mass., p. 31.

will at any time suffice to indicate the kind and amount of this form of restraint that is employed. That *instruments of restraint are in demand in England* is shown by the fact that they are advertised in the price lists of surgical instrument makers.\*

As showing how little connection there may be between the advocacy of the use of mechanical restraint and its actual employment, I may point to my own practice at Perth, and I do so because my position in reference to the restraint question has been both misunderstood and misrepresented, and in all probability will be so again: for

*“Nihil est quin male narrando possit depravari.”*

In 1854 I entered on the management of an asylum that was opened in 1827 fully provided with all the then fashionable appliances for the imposition of mechanical restraint—to wit, stalls (fixed), chairs (movable), bedsteads (fixed and movable), strait-waistcoats, manacles, strong leather gloves and belts, and so forth. All these I found in 1854, some of them in constant use, especially at night. I found it also hopeless to introduce a new order of things without a new staff of attendants, the consequence of which conviction being that I ventured upon an experiment made neither by Conolly nor Gardiner Hill. I changed my entire staff of attendants and servants in a single day. I had previously gradually eliminated the use of all the appliances referred to, and in fact had got them out of the house; while with my new staff I adopted, in its entirety, what Conolly and Hill describe as the “New” or “Non-Restraint system.” And I have never, since I

---

\* Thus the last *Price-Current* of Messrs. Ferris, Boorne, Townsend, and Boucher, of London (1877), quotes (p. 40): “Lunatic Belts,” “Straps,” and “Strait Waistcoats,” both for day and night use.

became physician to the Murray Royal Institution, used any of the forms of mechanical restraint so much objected to by Conolly and his disciples, unless experimentally, in order, for instance, to determine some means of confining the hands in certain cases, while allowing, on the one hand, movement of the arms and exercise in the open air, and on the other, that would not involve any repulsive prison-like peculiarity of dress. This, however, is not the place to detail the experiments in question or their results; nor is this the fitting time to submit a history of the circumstances under which at Perth a "total abolition" of mechanical restraint was carried out much more swiftly than either at Hanwell or Lincoln.

Dr. Bucknill has recently drawn attention to the fact that the *practice* of Dr. Kirkbride, of Philadelphia, is better than his *profession*: in other words, that while, with other American alienists, he claims the right to impose instrumental restraint where and when he deems it necessary or desirable, he does not actually apply it in cases in which his English critic himself thought it would have been imposed. Though Dr. Kirkbride is avowedly "not a non-restraint man," Dr. Bucknill can not but call him his "most kind-hearted and enlightened friend."\* As showing at once the uncharitableness and injustice of the charges made by Conolly and his disciples as to the inhumanity necessarily involved in the slightest use of mechanical restraint, or as to the negligence of duty to which it must give rise, it is desirable here to cite the further voluntary statements of Dr. Bucknill, that at Boston it was imposed "by one of the kindest of men" (p. 29);

---

\* AMERICAN JOURNAL OF INSANITY for July, 1876, p. 23, quoting from "Notes on Asylums for the Insane in America," published in the *Lancet* in March, 1876, and following months.

at Washington by a man of high repute in a Government, well-inspected institution (p. 39); and at Utica by the conductors of the *American Journal of Insanity*, and the most scientific alienists in the United States (p. 41).

Again, Dr. Stolz, on succeeding to the charge of the asylum at Hall in the Tyrol, gradually diminished the number of cases in which mechanical restraint was applied, until for twenty-one months consecutively he did not use it in a single instance. And yet he is not an abolitionist or extremist; merely a physician, who like all sensible, temperate alienists, does not apply it where it is not really called for. He tells us himself—"My endeavor has been to reduce mechanical restraint to the *minimum* of what is justifiable, and I have most earnestly devoted myself to it."\*

In short, the great difference between Conolly and his disciples, on the one hand, and men of moderate, temperate views, on the other, as regards their practice, is simply this: that the former abolish the name, but retain the thing—*restraint*—while the latter retain the name, but virtually abolish the thing. In other words, the majority of alienists, in their practice, illustrate the proverb, that some, certainly not all, "Men are usually better than their creeds." Conolly and his school dub some form of treatment, "restraint," and forthwith, because it is "restraint," refuse to employ it. But call it anything else—hydropathic treatment, for instance—and it is at once employed, though it may involve what other people call and regard as mechanical restraint of the most thorough and objectionable kind. False terminology and false sentiment, with the merest quibbling upon words, have all been involved in the absurdities, inconsistencies, nay cruelties, of Conollyism.

---

\* *Journal of Mental Science*, vol. xv, p. 620.



## VI.—OPINIONS OF FOREIGNERS ON CONOLLYISM.

In consequence of the parade that was for a long series of years made—mostly in the *Journal of Mental Science*—of the great superiority of *English* asylums over those of all other countries, a superiority ascribed to their alleged universal adoption of the “non-restraint system,” many of the most eminent alienists of those other countries that were taunted with their defects have from time to time visited England and its supposed model asylums, specially in order to an examination for themselves of the results of the “entire disuse” or “total abolition” of mechanical restraint. It is not surprising that some of these authorities—notably the sagacious Germans—patient and persevering in their investigation of facts, speedily perceived the *difference between profession and practice* in Conollyism, and with a feeling of disappointment and disgust, that led them to denounce the “system” in question as an “English swindle.” Such was the impression produced upon Dr. Neumann, of Breslau, author of a *Lehrbuch der Psychiatrie*,\* and Dr. Erlenmeyer, editor of the *Correspondenz-Blatt der Deutschen Gesellschaft für Psychiatrie*.† And such is the general verdict of alienists throughout the civilized world,‡ for I have met with the opinion, expressed orally or in print, in a great variety of ways, in several quarters of the globe.

Other critics of *English* asylums, and of Conollyism therein, deplore the sacrifice of the patients to a mere erroneous *sentiment* or *dogma*; or they assert that, in some form or other, mechanical restraint is really em-

---

\* According to the *Journal of Mental Science*, vol. ix, p. 145.

† *Ibid.*, p. 298.

‡ The opinion both of American, French, and German writers is quoted in an article on “Non-restraint in Lunacy,” in the *British Medical Journal* (vol. ii. for 1873, p. 612). The verdict there given is that non-restraint is a “sentimental humbug.”

ployed, whatever may be the asseverations to the contrary, and I have known assertions to the contrary made by the heads of asylums where the use of gloves or other forms of mechanical or instrumental restraint in these very asylums was nevertheless notorious. Dr. Kellogg, of the New York State Asylum on Ward's Island, declaims against the sacrifice of advantages to the "worship of an *idea*, and in obedience \* \* \* to a maudlin public *sentiment* and reverence for a great name. \* \* \* People in England are too sensible to worship forever an idea."\* Dr. Workman, formerly of the Toronto Asylum (Canada), speaking of a visit by him to *English* asylums in 1859, says, "It was my impression that there was a strong undercurrent of recusancy that time would bring to the surface"—recusancy or reaction that is against the dominant Conollyism of the day. The president of the American Association of Asylum Superintendents in 1874, reported to that special medical parliament: "I was gratified when visiting the institutions *in England* \* \* \* to find that almost universally, certainly in four-fifths of the cases, the superintendents expressed themselves *in favor of mechanical restraint*; and, singularly enough, the superintendents lay the blame of non-restraint upon the Commissioners in Lunacy, and the Commissioners in Lunacy throw it back upon the superintendents. They say the superintendents are emulous, one of another, to report the smallest number of restraints during the year. Certainly, in my presence and that of an American medical friend accompanying me, almost

---

\* Article on "Restraint and Non-restraint" in *Medical Times*, vol. i for 1869, p. 669. He also points out the slavish subservience to Lunacy Commissioners or to public opinion, which he thinks are characteristic of English alienists, in a paper in the AMERICAN JOURNAL OF INSANITY, for January, 1869, quoted in the *Journal of Mental Science*, vol. xv, p. 141, and vol. xvii, p. 138.

without exception they expressed their preference for mechanical restraint, and hoped they would have it established there. From an experience of over twenty years, and from a careful, and I hope by no means superficial, study of this question, I firmly believe that, in the future, the practice of our best *American* asylums now will become the governing rule of Christendom.”\* The same sort of confidential communications have been made to myself over and over again by *English* asylum superintendents, in whom it is surely a pitiable exhibition of moral cowardice not to carry out, or act upon, in their practice, opinions which they so decidedly profess. The difference between their profession and their practice is the very opposite of that which characterizes Conolly and his disciples; for professing that mechanical restraint is sometimes necessary, they nevertheless do not apply it, preferring, as we have already seen, to let a patient gouge out his eyes; while Conolly and his school, professing to find it never useful, never justifiable, yet employ either itself or some more objectionable substitute!

Dr. Marcé, physician to the Bicêtre, Paris, and author of a *Traité pratique des maladies mentales* (1862), thus writes: “Must we then conclude that the strait-waistcoat, and *all* other means of restraint, should be entirely rejected? Certainly not; and yet it is to this extravagant conclusion that certain English physicians have come, who, moved by an excessive sentiment of respect for human liberty,† have raised the doctrine into a system.” Upon which the *Journal of Mental Science*, or its editor, comments: “If a single patient

---

\* *Journal of Mental Science*, vol. xxii, p. 147.

† A “sentiment” that prevents our giving due protection against themselves to insane drunkards; that leads to the breeding of idiocy, insanity, and a series of disastrous nervous disorders; that gives rise, in short, to the artificial manufacture of insanity instead of its prevention and repression.

ever does suffer from the non-employment of mechanical restraint he suffers for a glorious principle.”\*

Dr. Stolz, of Hall, in the Tyrol, declares that “if the English have *non-restraint* inscribed above their doors, it is, if taken literally, an *untruth*, to which the walls on which it appears amply testify. \* \* \* Non-restraint is a kind of confession of faith, whose adherents publicly *profess* to devote themselves to certain modes of treatment;” but he thinks “the *practice* has been led by a faulty *theory* into *error*.”†

Dr. Curwen, Secretary of the Association of American Asylum Superintendents, speaking of asylum attendants, affirms that “neither the patience of Job, nor the meekness of Moses, nor the love of John, are inherent qualities in those who must perform such offices” (the application of manual force when it is needed); “nor, it must be frankly stated, if a judgment can be formed from the tone of their writings, in those who so urgently demand the abolition of all mechanical restraint.”‡

## VII.—GENERAL CONCLUSIONS.

The materials collected during the last twenty years as a contribution towards the literature of the restraint controversy are sufficiently abundant to require a treatise, volume, pamphlet, rather than a magazine article for their embodiment, arrangement, and discussion. All that has been attempted in the present paper has been to give a *résumé* of general conclusions or results, leaving all details, such as references, quotations, explanations, and commentaries, to be supplied from time to time, as occasion may require, in this or other medical journals.

\* Vol. ix, p. 217.

† *Journal of Mental Science*, vol. xv, p. 619.

‡ *Report of the State Lunatic Hospital at Harrisburg, Pennsylvania, 1876*, p. 19.



Among the general results, then, of my own observation, correspondence, and reading are, *inter alia*, these:

1. The use of mechanical restraint is advocated by at least ninety per cent of physicians engaged in lunacy practice throughout the world.

2. The minority is not greater than is that of the general population who believe in and propagate such absurdities as spiritualism.

3. But the *advocacy* of mechanical restraint is one thing, its *use* another. For there are many strenuous advocates of its use, who, nevertheless, in practice seldom or never have, or have had, occasion to use it.

4. What such advocates contend for is perfect freedom both of opinion and action—unfettered liberty to employ or apply what they consider the *best thing for a given patient under given circumstances*, without reference to the current creeds of other people—to the tyranny of a false public opinion, or of a spurious public philanthropy, or to the amiable crotchets of mischievous enthusiasts.

5. The use of mechanical restraint is advocated, or it is itself employed, by the most eminent specialists of the day—by men as conspicuous for their advanced humanity or philanthropy as for their general culture and professional ability.

6. Mechanical restraint forms an occasional feature of treatment in those asylums which have the noblest history and the highest reputation.

7. In other words, it constitutes an essential feature in the most modern, most enlightened, most humane treatment of the insane; while—

8. It is itself unquestionably the most humane mode of treatment that can be adopted in certain exceptional circumstances.

9. One proof of this is to be found in the fact that maniacal patients themselves are sometimes the first to recognize its benefits by *requesting* its application, just as they voluntarily, in similar conditions, betake themselves to *seclusion*.\*

10. The *substitutes* that have been introduced by those whose extreme views have led them to renounce everything savoring of mechanical restraint are productive of much more serious and numerous evils.

11. So much so that Conollyism has done an amount of mischief to the insane, and to society through them, compared with which all the evils of the old restraint, in so far as those evils were at all real, are a bagatelle.

---

\* Thus George III, who had had ample experience of the strait-jacket, remarked regarding it after he recovered, "Perhaps it is the best friend I ever had in my life."

# RETROSPECT OF GERMAN LITERATURE.

---

BY THEODORE DEECKE.

---

CONTRIBUTIONS TO THE PATHOLOGICAL ANATOMY OF ACUTE DELIRIUM.

By Dr. Gottfried Jehn, Lunatic Asylum, Graefenberg near Düsseldorf.  
*Archiv für Psychiatrie*, viii, 3.

The author describes four cases of acute delirium, with autopsy and microscopic examination of the nervous centers. They all belonged to the maniacal group, with a remarkable affection of the vaso-motor system, which manifested itself in an acute phlegmonous inflammation and partial necrosis of the skin; and in two cases in gangrene of the extremities. In the first and second cases there was an acute delirious condition from the beginning; in the third it was preceded, for months, by symptoms of psychical disturbance, which, with the appearance of epileptiform attacks, passed into acute progressive paralysis; the fourth case was complicated with syphilis, and the acute delirium was preceded by a stage of sub-acute mania. Nevertheless the author finds reason, from an anatomico-pathological point of view, to rank them under one head. In each case the microscopic examination revealed an affection of the meninges; they were thickened, cloudy, and more or less œdematous. At the same time the vascular system of the brain, especially of the grey cortex, showed considerable alteration. The walls of the vessels were found in all stages of fatty degeneration, with a proliferation of nuclei of the adventitia, and copious deposits of fatty and pigmentary matter in the same. In the neighborhood of the vessels thus affected there were traces of extravasation of blood, and proliferation of the nuclei of the neuroglia, the general condition was either hyperæmic or the vessels were found collapsed in the much dilated lymphatic spaces, which were filled with blood-elements, fat globules and numerous nuclei. The nerve elements, in all cases, seemed to be only secondarily affected, and to some degree only in those regions where the neuroglia appeared to be in a high state of proliferation.

The author seems to be inclined to ascribe the changes to a meningo-encephalitic inflammation, and proposes to comprise such cases of acute delirium, accompanied by the most variable psychical symptoms under the term acute meningo-encephalitis. This, of

course, is very sensible, but the question arises, what is there gained by applying such a term for the understanding of the pathological processes themselves? There is one link missing in the author's deductions, which is the etiological consideration. The pathological changes observed by him are the same as described by others, and in this JOURNAL, from personal investigation of acute cases some years ago by its chief editor, in his article on the "Pathology of Insanity." Several illustrative cases have also been given in the annual report of the State Lunatic Asylum, Utica, N. Y. In these cases the origin of the final pathological alteration in the nervous centers was successfully traced back to its true source, that is, to embolic processes, which presuppose the existence of primary morbid affections of other organs of the body, especially the lungs or the heart. In the cases reported by Dr. Jehn, it seems to be more than probable that embolic processes have played an important role, although he does not refer to them. From our own observation, we find it justifiable to recommend attention, in all acute cases, to a close examination of all organs, by which, frequently, some light may be thrown upon a number of otherwise obscure conditions.

---

PROGRESSIVE MUSCULAR ATROPHY, WITHOUT LESIONS IN THE ANTERIOR HORNS OF THE SPINAL CORD. By Prof. Lichtheim, of Jena. *Archiv für Psychiatrie, etc.*, viii, 3.

Since the establishment of the French school, under Charcot, the neuropathic nature of progressive muscular atrophy has seemed to be a decided matter. Even Duchenne, formerly a firm adherent to the myopathic theory of the disease, gave up that opinion. In Germany, however, Friedreich, in opposition to Charcot, still defended the peripheral origin of the affection, and it is the more interesting to see his views supported by so acute an observer as Prof. Lichtheim, in Jena. In the case reported, the disease commenced in the patient (a woman, in the twenty-seventh year of her age), seventeen years before death occurred. The first symptoms were observed in the right shoulder, and were preceded by severe pains. The progress of the disease was very slow and extended, interrupted by remissions of long duration, over the extremities and the muscles of the trunk. The muscles of the forearm and the hand remained unaffected. The patient died of consumption and suppuration of the right hip-joint. The autopsy by Prof. Cohnheim revealed the following conditions: extensive œdema of



both lower extremities, bed-sore over the sacrum, on both trochanters and the tubera ischii and commencing blisters, from pressure, on both heels; latissimus dorsi on each side at its upper part much diminished, of a pale, yellow color and the lower, more fleshy part, resembled entirely a yellow fatty substance in which the muscular structure was only recognizable by its longitudinal arrangement; the right serratus very thin, transparent and of a pale yellow color, the left one less atrophied; the gluteus of each side exhibited a similar condition. Of the muscles of the lower extremities, those of the right side were in a much higher degree affected. Of the flexors, the semi-tendinosus, the semi-membranosus and the biceps of the right side were entirely transformed into a yellow, fatty mass; the gastrocnemius, not much diminished in size, showed yellow spots on the left side, and more markedly on the right side. The sciatic nerves were both normal. The femoral vein and its branches, on both sides, contained thrombi. In the spinal canal there was little fat, no serous effusion in the dura-mater, and the posterior surface of the spinal cord was pale, but not discolored; the cord of normal consistence, not perceptibly diminished, on traverse sections pale, also the grey portions very pale; there were no differences between the two halves observable, and no abnormalities of any kind. The brain was of normal consistence, the white layers showing a fair supply of blood, the grey cortex was remarkably pale, yet no foci of any kind were observed; the arachnoid over the medulla, pigmented; no differences between the two optic nerves; œdema of the abdominal integuments; the right pectoralis major was extremely atrophied and all over of yellow color, and the rectus abdominis, especially in its upper part; the cervical muscles normal on both sides. The abdomen contained a small quantity of clear serum; heart normal; the lungs contained tubercular deposits, the left a pneumonic focus; spleen enlarged to thrice its normal size; kidneys large, soft; the pelvis of normal dimension; liver, fatty; the muscles of the upper arm, especially the biceps of the right arm, fatty and atrophied; the muscles of the forearm, on both sides, normal.

The microscopic examination of the atrophied muscles showed the well-known condition; the peripheral nerves, no alterations of any kind. In the spinal cord, there was, between the second and sixth vertebræ, a slight dilatation of the central canal. The epithelium, however, was entirely intact, and the grey and white portions showed no alterations. The same normal condition was observed throughout the whole substance of the cord, the gangli-

onic cells, in all parts, showed no decrease in number, were of normal size, and provided with processes of normal appearance.

In another part of his article the author discusses the relations of progressive muscular atrophy to some other forms of amyotrophies. He points out the following facts of general interest. The forms with which the disease might be confounded, are Duchenne's "*paralysie spinale antérieure subaiguë*," and certain deuteropathic amyotrophies, of a chronic nature. In this regard there is especially of importance, the absence of true paralytic symptoms, the absence of an "*atrophie en masse*" (Charcot), and the preservation of the electric irritability, and, at last, in a number of cases, the normal condition of the cord and of the roots and the trunks of the peripheral nerves. In the deuteropathic forms, the question arises whether we have to consider the spinal lesions as of primary or of secondary nature. In the first case, Charcot's theory could be upheld, if we agree, by sacrificing the clinical unity of the disease, to separate the form connected with spinal affection from the other. As long, however, as this action is not supported by the presence of clinical differences, the author thinks it unjustifiable, and much more reasonable, in accordance with Friedreich's views, to consider the spinal affection as of secondary nature.

Some light may also be thrown upon the question from the relation of progressive muscular atrophy to pseudo-hypertrophy or pseudo-hypertrophic paralysis. The close relationship of the two processes is very striking, and yet according to Charcot's own observations the peripheral nature of the latter would point to an essential dissimilarity between the two. This would not, however, be the case should we look upon the former also as of peripheral origin, with which spinal lesions, as secondary affections, may or may not be connected.

Notwithstanding, Prof. Lichtheim does not deny the trophic significance of the large ganglion cells of the anterior horns of the spinal cord and the influence of a primary affection of the same upon atrophy of the muscles connected with them. The characteristic symptoms of these affections are the following: Paralysis of the muscles, independent of their atrophic condition; "*atrophie en masse*" (Charcot), in opposition to the "*atrophie individuelle*" (Charcot) of progressive muscular paralysis. The author distinguishes the following primary spinal affections: (1) acute atrophic paralysis (infantile paralysis and its analogous affection in adults); (2) subacute atrophic spinal paralysis (Duchenne); (3) chronic atrophic spinal paralysis.

## BIBLIOGRAPHICAL.

---

### REVIEW OF ASYLUM REPORTS.

---

#### UNITED STATES.

##### NEW HAMPSHIRE:

*Thirty-Sixth Annual Report of the New Hampshire Asylum for the Insane, Concord: 1878.* J. P. BANCROFT, M. D., Superintendent.

The number of patients at the beginning of the year was 280. There were admitted during the year 114 and there were discharged—recovered, 35; improved, 36; stationary, 30; and 17 died; leaving 276 at the end of the year.

The percentage of recoveries on admissions was 30.7. The percentage of total recoveries (1,519) upon total admissions (3,918) was 38.7.

An unusual number of the patients have this year needed special medical treatment. This is attributed, in part, to the ill-effect which the association of the worst class of the chronic insane has upon the hopeful class. It appears that the various counties take care of their chronic insane, except those cases that are most difficult to care for—the violent, destructive and uncleanly.

The Doctor is satisfied that amusements for patients may be carried to an extreme, and thinks the best plan is to have a moderate number of public exercises, and to have them of considerable merit.

A number of improvements are noted, among them a new boiler-room and engine, and reparation of the old Chandler wing.

Dr. Brown, for thirteen years assistant physician, was appointed superintendent of the Taunton Lunatic Hospital, and left to assume his new duties in March, 1878. Dr. Benner was promoted to the position of First Assistant, and Dr. Geo. W. Foster appointed Second Assistant.

#### CONNECTICUT:

*Fifty-Fourth Annual Report of the Retreat for the Insane, Hartford:* 1878. HENRY P. STEARNS, M. D., Superintendent.

The Institution contained 138 patients at the beginning of the year; 89 were admitted during the year and 95 discharged. Of the latter 34 were recovered, 8 much improved, 26 stationary and 15 died; leaving 132 at the close of the year.

The percentage of recoveries upon the number admitted was 38.2.

#### NEW YORK:

*Thirty-Fifth Annual Report of the State Lunatic Asylum, Utica:* 1877. JOHN P. GRAY, M. D., LL. D., Superintendent.

The number of patients at the commencement of the year was 566, and 460 were admitted during the year. There were discharged—recovered, 148; improved, 61; unimproved, 160; not insane, 15; and 60 died; leaving at the close of the year 582 patients in the Asylum.

The percentage of recoveries upon admissions was 33.26.

The Managers note the improvements that have been made during the year, among which are the completion of the renewal of wood-work of wards four, five and six, South, the painting of various wards, the enlargement of barns, construction of an ice-and-slaughter-house, of a wagon-house, tool-house and several reser-



voirs for water. They also make several recommendations as to repairs and improvements about the house, and that addition should be made to the farm land, by the purchase of a hundred acres. Since the report was presented to the Legislature, that body granted an appropriation to enable the Managers to proceed with the repairs and improvements of the South Side, and they are now prosecuting that work.

The Superintendent calls attention to the large number of admissions for the past ten years, an annual average of 434; and says that many have been refused admission on account of the overcrowded condition of the Asylum. He urges the importance of an early completion of the Institutions at Buffalo and Poughkeepsie; not only on account of the demand for more accommodation in the State, but for the securing of the more prompt and careful attention to recent cases, thus giving the greatest advantage in the way of cure. He refers to the influence of distance in preventing the utilization of institutions for the insane, the results of which were published by Dr. Edward Jarvis, in this JOURNAL (January, 1866). Those results showed that the proportion (to the average population) of patients sent to the Asylum, decreased steadily with the distance from the Asylum.

Since 1868, the number of chronic insane in the County House of Chautauqua County (remote from the Asylum) has increased 176 2-3 per cent; while the number of chronic insane in the County House of Oneida County (in which the Asylum is located) has increased only 59 per cent. Economy urges the greatest provision for the cure of the insane, for it is the chronic cases (who, as long as they live, are a constant expense), that chiefly constitute the great burden to the public treasury. The State has made extensive pro-

vision for the uncured, but "it has neglected the better and greater work of securing preventive measures against the increase of chronic insanity."

The Doctor refers to the expense and interest taken to do justice to a citizen charged with crime, and pertinently asks if the unfortunate from disease are to be treated with less consideration as to justice and humanity. The great majority of those who become insane come from the industrial and producing classes—it is rarely that a pauper in a poor-house becomes insane. It is important, therefore, that they be cured, for failure to secure this determines the loss to the community of a producer, and in very many instances the loss of a supporter to a family, and, as a result of this, the pauperization of many.

The policy of this State seems to be the erection of two classes of institutions—one for the treatment of the disease, and the other for the custody of those cases that become chronic; but whether this policy be adopted, or that of treating the acute and chronic cases in the same institution, "it is unquestionably necessary that the institutions should be located in the centers of population, and within a territorial limit that would allow of easy transportation." The system of building separate institutions for the chronic insane was adopted from the standpoint of economy—but it is also reasonable to assume that the expenses of institutions devoted solely to the treatment of acute cases, would be correspondingly increased. Thus far the policy of separation has been but imperfectly carried out—both chronic and acute cases being sent to Utica, Poughkeepsie and Middletown. Owing to the practical operation of the principle of distance in regard to the chronic insane, as well as to the idea of economy, various counties have undertaken to treat a large propor-

tion of their insane in their local institutions. The danger of this system is that, being so accessible, there is a temptation to commit to them the *curable* cases (especially such as are quiet), and so deprive them of curative treatment. This has been done in a number of counties, and there is a large increase in the number of chronic insane in the county-houses, within the past few years, due to this cause.

In the amount of labor performed by patients this year, there has been quite an increase over that of former years, which is shown in a table given of the work performed by the men for seventeen years. This increase has been due in part to the favorable season for out-door work. Most of those received have been overworked and many underfed, and to these any toil beyond moderate exercise would be detrimental. "The majority need rest and suitable occupation for the brain in the nature of diversion, rather than labor, of which latter they have had too much."

Pathological investigations have been continued by the Special Pathologist, Mr. Deecke. A very interesting result has been reached—the satisfactory sectionalizing of the whole brain. This permits the most perfect study of the anatomical relations of the various parts, and the most minute examination of abnormalities and lesions, and of the relation between them and symptomatology. The results of chemical analysis of the blood, referred to in the previous report, are given; and the Doctor remarks, among other things, upon the seeming disproportion between brain lesions and their symptoms, and upon the results of investigations into the functions of the brain and spinal cord. The history and post-mortem appearances are given in eighteen of the most interesting cases in which an autopsy was made.

*Eighteenth Annual Report of the State Asylum for Insane Criminals, Auburn.* CARLOS F. MACDONALD, M. D., Superintendent.

The number of patients in the Asylum, October 1, 1876, was 89. There were admitted during the year (chiefly from the State Prisons), 41; and there were discharged—recovered, 6; improved, 5; unimproved, 7; not insane, 7; and one died; leaving 104 at the close of the year.

The single death occurred in a case of advanced brain softening, and but a few days after his admission. This mortality is in striking contrast with the previous year in which nine deaths occurred. The superintendent attributes the change to an improved dietary, together with proper hygienic surroundings. In another portion of his report, Dr. MacDonald makes the following remarks on the subject of dietary, apparel and labor:

When patients are well fed and comfortably clad, they are much less turbulent, less destructive of clothing and furniture, and require less help to manage them; they are also less liable to intercurrent maladies, and, of course, escape the diseases and conditions incident to innutrition. Those patients who labor, or are otherwise pleasantly occupied, are improved both mentally and physically, sleep better at night and, by their labor, aid in diminishing the cost of their maintenance, while habits of industry and tidiness, and the cultivation of feelings of self-respect incite them to the preservation of their apparel, bedding, etc. Thus it would seem to be self-evident that, concomitant with the conditions mentioned, and as their inevitable result, we have a diminution of expense for wages, stimulants and other drugs, clothing, bedding, furniture and means of protection; and, in addition to this, we have a most enjoyable freedom, both night and day, from noise and disturbance, coupled with lessened cares and anxieties in the matter of administration.

Considerable improvements are mentioned, especially as to heating and ventilation; and an airing-court for men has been prepared.



*Annual Report of the New York City Asylum for the Insane, Ward's Island: 1877.* A. E. MACDONALD, M. D., Superintendent.

On the first of January, 1877, there were 681 patients in the Institution. During the year 366 were admitted and 128 re-admitted, giving a total under treatment of 1,175. There were discharged—recovered, 53; improved, 61; unimproved, 150; not insane, 9; and 126 died; so that 776 remained at the end of the year.

The percentage of recoveries upon admissions was 10.72.

The large number of re-admissions is chiefly made up of patients who had, from overcrowding, been transferred to other institutions, and, as the accommodations were increased, returned to the Asylum. Of those discharged, 135 were transferred to Randall's Island.

Dr. Macdonald reports continued improvement in the clothing, bedding, ward furniture, &c., and likewise in the appearance and healthfulness of several of the wards, owing to their having been renovated and painted. The exercising yards are very generally used and with much benefit to the patients. During the year a very interesting and important feature was inaugurated by the superintendent, viz: the holding of clinics in the Asylum for the benefit of students of medicine. This inauguration of clinical instruction in the asylums in this country, is no little credit to the Doctor, and we are glad that he has taken the initiative in so commendable and important an enterprise. During the month of June four clinics were held, admission being extended to the medical practitioners and students of the city, and the attendance averaged about eighty. "Over two hundred patients were brought before them without any accident or appreciable injurious effect."

“In accordance with the recommendations of former reports, a special pathologist has been appointed during the year, in the person of Dr. Andrew R. Robinson, a gentleman qualified by his studies, in this country and abroad, for the position.”

The Institution has for years been overcrowded, and patients have had to be transferred to other receptacles. Toward the close of the year, the building which was formerly used for the emigrant insane, and which is located near the Asylum, was borrowed from the Department of Emigration. One hundred and fifty patients were transferred to this building (called the Annex), and seventy others transferred to it from the Homœopathic Hospital to which one hundred and fifty had been sent. The remaining eighty were soon to be transferred to the Annex, making three hundred in all. In addition to the relief thus afforded, and by the transfer of the large number to Randall's Island, work has been begun on a wing to the main structure which will increase the accommodations by about two hundred and twenty-five. The work is being done by inmates of the Asylum and work-house, but the Doctor thinks that by the time it is ready to occupy the number of inmates will have been augmented by the number it will accommodate, so that the institution will then be as crowded as it is at present, and therefore urges the commencement of a corresponding wing on the opposite side of the main building.

The Doctor has repeatedly made suggestions regarding the necessity for more and better attendants. The number was increased during the year from forty to forty-nine, but as the number of patients also increased, the relative proportion was not much altered. At the beginning of the year there was one attendant to seventeen patients—at the close of the year one to six-

teen, whereas there should be at least one to ten. A decided improvement, however, has been made in their quality.

Several changes have been made in the staff of assistant physicians, who receive no compensation, and are therefore migratory. There should be at least one assistant decently salaried, thus giving to his position such permanence, and to him such familiarity with detail, interest and sense of responsibility as would fit him to properly assume the duties of the superintendent during his occasional absences.

*One Hundred and Eighth Annual Report of the Bloomingdale Asylum, New York City: 1877.* CHAS. H. NICHOLS, M. D., Superintendent.

The number of patients in the Asylum, January 1, 1877, was 174. During the year 81 were admitted, and there were discharged—recovered, 18; improved, 34; not improved, 19; and 22 died; leaving 162 at the end of the year.

The percentage of recoveries upon admissions was 22.22.

This report is published in connection with the report of the New York Hospital of which the Asylum forms one department. Early in the year Dr. D. T. Brown, for twenty-five years in charge of the Asylum, resigned on account of impaired health, and Dr. C. H. Nichols, of the Government Hospital at Washington, was appointed to the place. Dr. Nichols took charge in May, 1877, and has commenced a series of improvements in the buildings and on the grounds. Twenty-five years ago Dr. Nichols resigned the superintendency of Bloomingdale to go to the charge of the Government Hospital, and now resigns that to return to Bloomingdale.

## VIRGINIA:

*Annual Report of the Virginia Eastern Lunatic Asylum, Williamsburg.* H. B. BLACK, M. D., Superintendent.

There were 303 patients in the Asylum at the beginning of the year. During the year 75 were admitted, and there were discharged—recovered, 39; improved, 6; and 31 died; so that 302 remained at the close of the year.

Dr. Black, in his report, earnestly recommends the Legislature to act upon two suggestions which he makes:

The first is, that the General Assembly pass a bill authorizing superintendents to grant "leaves of absence" or "furloughs" for a limited period—say not to exceed sixty days—to such patients as in their judgment could be confided to their friends willing to take them, and with authority to extend the same from time to time as might be found expedient; provided that all expenses of transportation, both from and to the Asylum, be paid by the friends of the patients, unless otherwise ordered by the Executive Committee.

The second is for the legislature to pass a bill authorizing the board of directors, through the Executive Committee, to provide homes whenever practicable, with the relations and friends, or such other suitable persons as may be willing to take them, for such of the chronic insane as the Superintendent may recommend as being harmless and incurable, and to pay for their care and maintenance such compensation as may be agreed upon, not to exceed, say \$150 per annum.

Undoubtedly it is good policy to transfer to their families all such cases as will not be further benefitted by remaining in an asylum, and who could be taken care of at home. The point that the Doctor makes is a good one, that, where families are unable to take care of them, pecuniarily, the public grant the necessary aid.



## IOWA:

*Ninth Biennial Report of the Iowa Hospital for the Insane, Mount Pleasant: 1876 and 1877.* MARK RANNEY, M. D., Superintendent.

At the beginning of the period there were 551 patients in the Asylum. There were admitted during the period, 556 and discharged—recovered, 155; improved, 75; stationary, 139; one was not insane, and 129 died; leaving 608 in the Asylum at the close of the period.

The percentage of recoveries upon admissions was 27.8.

On the 18th of April the engine-and-boiler-house was destroyed by fire, which fortunately was prevented spreading to the wards. A new building was immediately put up, which not only supplies the place of the old one, which included wash-room, laundry, drying-room, fan-room, coal-room, &c., but gives in addition a mortuary, pathological-room, work-room, and a clock tower visible from all parts of the house, and also a bakery.

The Institution is greatly overcrowded. Having been constructed to accommodate three hundred, it has had to shelter at times twice that number. The difficulty of such an undertaking can only be appreciated by those who have had a similar experience.

In 1865 this hospital was considered complete, with room for three hundred patients, and toward the close of that year its beds were all occupied. Since that time, while the population of the State has increased by about seven hundred thousand—has about doubled—and the number of the insane has increased by about seven hundred, the increase of hospital accommodation has been only about two hundred and seventy-five beds. The result has been an irresistible pressure for room that has crowded the two hospitals with accommodations for only five hundred and seventy-five, with over nine hundred patients, while some five hundred more are scattered over the State in jails or poor-houses, or in families, some of whom are illy able to bear the burden of their care.

The Doctor therefore urges, and with the greatest reason, that steps be taken, at once, to complete the new Institution at Independence, and to enlarge the one under his care.

“For the fifth time” Dr. Ranney protests against the admixture of the convict insane with ordinary cases of insanity, and recommends, either that a ward at the penitentiary be set apart for them, or that they have a separate building provided for them in connection with the Asylum. From their character and habits he does not deem them fit to mingle with decent people. As to the association in the same institution of both the chronic and acute classes, the Doctor expresses himself favorably.

The incurable insane may be maintained, perhaps, for less than is a necessary outlay to promote recovery during that period when, by judicious treatment, it can be brought about; but I think it is yet to be shown that the treatment of the curable in one building, and caring for incurable in another, will lessen the cost of managing both classes together. Food, and raiment, and warmth, and pure air are as essential for the incurable as the curable, and must be as abundant, and can cost but little less. They may need less medicine and less personal attendance, but if they need less, those in the acute stage, if treated separately, will need more.

If it is objected that the presence of the incurable insane in a hospital engaged in the treatment of curable insanity is injurious to the latter, I have to answer, out of my own experience, that, with certain exceptions, I do not know it is so. Indeed, I am not certain but the effect is just the reverse. No inconsiderable portion of the incurable insane are quite tranquil, well disposed, and more or less attached to their home and the hospital—far more so than those in the acute stage of the disorder. The presence of this class, at least, is seldom injurious, and has often been in my experience, beneficial.

The importance of early treatment is dwelt upon. “Insanity,” he says, “is a highly curable disorder, in its early stages—in its first beginning—but its curability

rapidly diminishes with lapse of time." Dr. Ranney is fully convinced of the importance of more complete pathological investigation, and asks the Legislature for a sufficient sum to establish such a department in the Institution at Mount Pleasant.

#### WASHINGTON TERRITORY:

*Report of the Hospital for the Insane of the Territory of Washington, Olympia: 1877.* RUFUS WILLARD, M. D., Superintendent.

The number of patients in the Hospital, August 16, 1876, was 61. During the year 32 were admitted, and there were discharged—cured, 21; improved, 1; one eloped, and one died; leaving 68 in the Asylum at the end of the year.

This is a new Institution, and evidently its Superintendent and Managers are laboring under many disadvantages—having wooden structures, with so few wards as not to allow of proper classification. During the year Dr. Sparling, the first Superintendent, was removed by the Board on charges preferred, and Dr. Willard succeeded to that office in June, 1877.

The percentage of recoveries on admissions (65.62) is certainly a good showing.

---

#### CANADA.

##### ONTARIO:

*Report of the Asylum for the Insane, Toronto.* DANIEL CLARK, M. D., Superintendent.

There were 631 patients in the Asylum at the beginning of the year. During the year 232 were admitted, and there were discharged—cured, 75; improved, 22; unimproved, 15; eloped, 1; transferred, 21; on probation, 4; and 58 died.

The percentage of recoveries upon admissions was 32.32.

This report deals with several subjects of great interest, chiefly, that which has recently been generally discussed within and without the specialty. Speaking of restraint, and quoting the conclusions of Dr. Grisson, in his paper read before the Association at St. Louis, and published in this JOURNAL, he concludes:

If all restraints, whether medical, personal, or mechanical, could be dispensed with, none would rejoice more than those who feel it incumbent upon them to resort to them, but the type of manner must change very much on this continent before it can be judicious, safe, or therapeutically correct to do so under existing circumstances.

The Doctor also discusses self-abuse as a cause of insanity. Our experience would lead us to doubt the great importance as a factor, which the Doctor would give to it.

Dr. Clark has made records of pulse and temperature in several cases of dementia, paresis and phthisis, with the result, that "so far, in our investigations here, neither pulse nor thermometric tests show indications of the genus or species of insanity, or its ally, called latent phthisis." He also gives several cases of the use of Nitrite of Amyl in epilepsy, and says, that "the twenty-five or more persons who have taken it for a longer or a shorter time, have, almost without exception, been benefitted by it."

*Report of the Asylum for the Insane, London.* R. M. BUCKE, M. D., Superintendent.

The year began with 583 patients. During the year 129 were admitted, and there were discharged—recovered, 61; improved, 11; unimproved, 2; 2 eloped and 27 died.

The percentage of recoveries upon admissions was 47.28.



Dr. Bucke assumed charge of the Asylum in February, 1877, soon after the death of Dr. Landor, his predecessor.

The Doctor speaks of improvements that have been made, and then touches upon the subject of restraint:

In the report of the late Dr. Landor, for 1871, he claimed that this was a non-restraint asylum. When the Institution came into my hands early in this year, there was as much restraint used here as at any of the restraint asylums that I have visited in this country or in the States. As I can not suppose any insincerity on the part of Dr. Landor, when he made his report in 1871, I must suppose that he, upon enlarged experience and mature consideration, changed his mind upon this point, and became towards the end of his life a believer in mechanical restraint. I can not see that in any of his reports he declares this change of opinion and practice to the world. For my own part, I am persuaded that the use of mechanical restraint variously applied to meet the requirements of particular cases is the most useful and least disagreeable, the cheapest and least injurious, of any form of restraint that can be used. And as for non-restraint, I do not believe it can be or ever was practiced; it would be a worse cruelty to many patients than the old chains, and straight waistcoats of Bedlam. No form of restraint has been added to those before used at this Asylum since I took charge of it, except six crib-beds and six restraint chairs. The crib-beds I look upon as the most absolutely unobjectionable of all forms of restraint. They permit every movement that a patient ought in his own interest to make. They allow him to lie in any position, to turn from side to side, to draw up his legs or stretch them out; they are only a restraint inasmuch as they prevent the patient from getting out of bed.

He then relates a case which illustrates the utility of the crib-bed, and its advantage over the tying-in-bed or holding-in-bed process.

The Doctor also devotes some remarks to the subject more extensively considered by Dr. Clark, and more nearly in accordance with our own views as to the relation it holds to insanity. Speaking of self-abuse, he says:

This habit has often been looked upon as a prominent cause of insanity, and most writers consider it to be a cause in some instances. Whether it is ever the sole cause of insanity I very much doubt. But I am satisfied that along with other causes, such as hereditary predisposition, this habit may materially assist in bringing on the attack. In many other instances the attack of insanity, having been brought on by entirely different causes, it is nevertheless aggravated by this habit, which in this case may have been contracted before the onset of the mental disease, or not until after the moral sense of the patient was weakened or destroyed by his or her malady. In still other cases, the habit is a symptom of the disease, and nothing more. It is simply a result of the cerebral or ganglionic irritation which is a part of the patient's diseased state.

#### NOVA SCOTIA:

*Report of the Nova Scotia Hospital for the Insane, Halifax:*  
1877. JAMES R. DEWOLF, M. D., Superintendent.

There were 337 patients in the Hospital at the beginning of the year. During the year 94 were admitted, and there were discharged—recovered, 48; relieved, 7; and 25 died. This shows 51 per cent of recoveries on admissions. The percentage of recoveries on the entire number (1,275) of admissions since the opening of the Institution, was 42.75.

Since the date of this report, Dr. DeWolf has been superseded by Dr. A. P. Reed. Among various subjects which Dr. DeWolf discusses, is that of remuneration of industrious patients which he advocates, and cites the favorable experience of Dr. Orange, of the Broadmoor Criminal Lunatic Asylum. Speaking of lunar influence upon the insane, he says that he found many patients restless and noisy on moonlight nights, but believes this to be due simply to the influence of the light in keeping them awake, just as any artificial light would effect.

## NEW BRUNSWICK :

*Report of the Provincial Lunatic Asylum, St. John.* JAMES T. STEEVES, M. D., Superintendent.

The number of patients at the beginning of the year was 276. There were admitted during the year 88, and discharged—recovered, 38; improved, 7; unimproved, 5; eloped, 2; and 31 died.

The percentage of recoveries on admissions was 43.1. The percentage of recoveries on the entire number, (2,875) of admissions since the opening of the Institution was 42.7.

## PRINCE EDWARD ISLAND :

*Annual Report of the Lunatic Asylum, Charlottetown:* 1877. EDWARD S. BLANCHARD, M. D., Superintendent.

There were 66 patients in the Asylum at the beginning of the year; 35 were admitted during the year, and there were discharged—recovered, 8; relieved, 5; not improved, 4; and 6 died.

The percentage of recoveries on admissions was 22.9.

The Superintendent tells us that plans have been made, and contracts let for a new hospital, which, when finished, will compare favorably with any in America, not only in the beauty of its surroundings, but what is far more important, in the facilities which it will afford for the most enlightened curative treatment of all the insane within her (Prince Edward Island's) borders.

---

GREAT BRITAIN.

## ENGLAND :

*Twenty-Seventh Annual Report of the Asylum for the Insane Poor of the County of Wilts.* J. WILKIE BURMAN, M. D., Superintendent.

In the Asylum, January 1, 1877, there were 487 patients, and during the year 161 were admitted. There

were discharged—recovered, 55; relieved, 4; not improved, 10; not insane, 1; and 56 died.

The percentage of recoveries on admissions was 34.1. The weekly cost, per capita, was 9s. 2 3-4d.

*Thirteenth Annual Report of the Staffordshire Asylum, Lichfield:* 1877. R. A. DAVIS, M. D., Superintendent.

There were in the Asylum at the beginning of the year 498 patients. During the year 133 were admitted, and there were discharged—recovered, 26; relieved, 27; transferred, 6; not insane, 1; and 46 died.

The percentage of recoveries on admissions was 19.54. The weekly cost, per capita, was 9s. 4 1-2d.

*Report of the South Yorkshire Pauper Lunatic Asylum.* SAMUEL MITCHELL, M. D., Superintendent.

At the beginning of the year the Asylum contained 789 patients; 381 were admitted during the year, and there were discharged—recovered, 134; relieved, 65; not improved 3; and 105 died.

The percentage of recoveries on admissions was 35.1. The weekly cost, per capita, was 9s. 5 3-4d.

*Twentieth Annual Report of the Cambridgeshire, Isle of Ely, and Borough of Cambridge Pauper Lunatic Asylum.* GEO. MACKENZIE BACON, M. D., Superintendent.

There were in the Asylum at the beginning of the year 308 patients; 92 were admitted during the year, and there were discharged—recovered, 30; relieved, 6; not improved, 3; and 48 died.

The percentage of recoveries on admissions was 35.8. The average weekly cost, per capita, was 10s. 11 1-2d.

*Report of the County Lunatic Asylum at Prestwich.* H. ROOKE LEY, Superintendent.

There were in the Asylum at the beginning of the year, 1,128 patients; 432 were admitted during the



year, and there were discharged—recovered, 214; relieved, 91; and 95 died.

The percentage of recoveries on admissions was 49.53. The weekly cost, per capita, was 9s. 1d.

Regarding the importance of early treatment, Dr. Ley remarks:

Of the 432 cases received during the past year, 198 were patients in whom the disease had existed previous to their being placed under treatment for a period exceeding six months, 234 were cases in which it had existed for a much shorter period. Of the former group only 48 or about 24 per cent were deemed curable, and of these 26 have recovered, 14 are convalescing, and the others remain with little improvement. But of the latter group 178 were on their admission regarded as curable, and of these 116 have been discharged, and the remainder, with few exceptions, are on a fair way towards recovery. *These facts again testify in the most striking manner the paramount advantage of early treatment.*

*Twenty-Second Annual Report of the Lunatic Hospital for the County and Town of Nottingham—The Coppice, near Nottingham: 1877. W. B. TATE, M. D., Medical Superintendent.*

The number of patients in the Hospital, January 1, 1877, was 64; admitted during the year, 19; and there were discharged—recovered, 7; relieved, 2; not improved, 2; and 5 died.

The percentage of recoveries on admissions was 26.3.

This is an Asylum “into which patients are received, who, not being paupers, are unable to pay the whole expense of their care and maintenance,” and it is supported by voluntary contributions. Their rates vary from 7s. to 40s. per week. The Doctor asserts that “no patient has been restrained or secluded. Indeed restraint has never been employed, and seclusion only once since the opening of the Hospital nearly nineteen years ago,” and “no suicide or serious accident has occurred.” It must be remembered that the Institution is not large,

and only receives about twenty patients a year. From the fine lithograph that forms the frontispiece to the report, we infer that the building is a substantial and beautiful structure.

*Report of the County Lunatic Asylum at Lancaster: 1877.* Dr. DAVID M. CASSIDY, Medical Superintendent.

The number of patients at the beginning of the year was 984. During the year 327 were admitted, and there were discharged—recovered, 119; relieved, 70; not improved, 5; and 100 died.

The percentage of recoveries upon admissions was 36.39. The average cost per head, per week, was 9s. 1 3-4d.

Dr. Cassidy, who was formerly Deputy Superintendent at Broadmoor Criminal Asylum, has here given us an interesting report.

Among the admissions were 52 cases of epilepsy, and 40 cases of general paralysis, and there were 27 congenital imbeciles or idiots. The maximum number that could be considered curable was 159, and 75 per cent of this number recovered. The Doctor deprecates the practice of relieving officers in taking lunatics to the work-houses before removing them to an asylum, and keeping them there too long. Only 26 per cent of the admissions were sent within three months of the commencement of the attack. He urges the importance of early treatment. As to the separation of chronic from recent cases, he seems to share the opinion of the Earl of Shaftesbury, whom he quotes, "the one should be within reach of the other, and possibly, even, under the same roof," and adds, "by proximity of the two departments, all share alike in the resources of the Asylum, as needed; transference from one part to another, as patients' condition varies, is facilitated, and the value of the

permanent residents, as workers, is not lost." As a consequence of the large number of epileptics in the Institution, there is this remarkable report—four deaths from suffocation in epileptic fits—three of them were by turning upon the face in bed, and the other by choking with pieces of blanket which he had in his mouth. "Most of the male epileptics were removed to the red building, where accommodations were provided for sixty-four in the large dormitory," where they were under night supervision. Two of the deaths referred to, occurred in this large dormitory, "in spite of these precautions, and served to show the dangers to which this class of patients is liable, and the necessity of the greatest care and watchfulness over them. \* \* The number of epileptics is 157, of whom 95 are men, and 62 women, and observations made upon them during the past few weeks, have demonstrated that 41 of the men, and 15 of the women, occasionally or frequently turn upon their faces when they have fits in bed."

Post-mortem examinations were made in 91 of the 100 cases of death. "This procedure is of the greatest value and interest, and I think it ought to be a sequence of most deaths in lunatic asylums." The Commissioners refer, in their report, to a few cases of typhoid fever that occurred the preceding year, due to defective kitchen drainage. Three cases were servants, two of whom died. Evidently the drainage was not properly attended to, for the Doctor reports in the following year twenty-one cases and four deaths, from the same trouble. Seven fractures and dislocations are reported. The Commissioners say "the cases of bruises and black eyes which appear to be very carefully recorded in the medical journal, are unusually numerous, and we ourselves noticed a considerable number of such injuries during our visit."

*Eighth Annual Report of the Lunatic Asylum for the Borough of Leicester, Humberstone: 1877. J. E. M. FINCH, M. D., Medical Superintendent.*

The number of patients in the Institution at the beginning of the year was 315. During the year 114 were admitted, and there were discharged—recovered, 44; relieved, 6; not improved, 2; not insane, 2; and 39 died.

The percentage of recoveries upon admissions was 38.59. The weekly cost per capita was 12s. 2 7-8d.

There are evidently a great many epileptics in the Institution, as large dormitories for them, and night supervision are spoken of. This separation of epileptics from the ordinary insane is very desirable. They ought, indeed, to be in separate institutions. The Doctor tells us that during the year 16,419 epileptic fits were recorded. Two inquests were held—one on a case of paresis, who was choked by a piece of meat getting into his larynx, and the other, an old man who fell in trying to get out of bed, and broke three ribs. Two other accidents occurred, which did not prove fatal—a dislocated shoulder in one case, and in the other, a fracture of base of skull, from a fall from a ladder, probably with suicidal intent.

*Seventh Annual Report of the Cheshire County Asylum, Parkside, near Macclesfield: 1877. P. MAURY DEAS, M. B., London, Medical Superintendent.*

The year began with 534 patients, and 184 were admitted and 177 discharged. Of those discharged—62 were recovered, 19 relieved, 39 not improved, 3 not insane, and 54 died.

The percentage of recoveries upon admissions was 33.7. The average weekly cost, per capita, was 11s. 1 1-2d.



For several years the Institution has been patronized by private patients. The Doctor thinks this should be encouraged, and recommends "that, where practicable, there should be a department for private patients, at low rates of board only, in connection with our county asylums." The endowed institutions which benefit the middle classes, by assuming a portion of the expense of maintenance, are too limited to meet the demands upon them. He says: "A considerable number of our county patients are only pauper patients in name, their friends paying the whole cost of their maintenance in the Asylum through the boards of guardians," and "it has always seemed to me a great hardship that the stigma of pauper should be attached to such cases." This want is met very generally in the United States by the order of indigence, granted by the county judge.

"Intemperance plays a sadly prominent part in the production of insanity among the men. In 16 out of the 58 men it appeared to have had a decided share in producing the insanity. Such a connection could only be traced in one woman."

Three cases were discharged this year as "not insane," and since the opening of the Institution there have been fourteen such cases; and the Doctor adds, "I do not think in any of these cases (except perhaps one) was there the least evidence of want of bonâ fides, or of possible wrong motive on the part of any concerned in the sending of the patient. The most that could be said would be that perhaps a little more patience, and a little longer delay would have revealed the true nature of the case. \* \* But this much may, I think, be confidently said, that the independent, unbiased judgment of the medical officer of the Asylum is, in itself, a sufficient safeguard against the illegal de-

tention of patients who may have, from *any* cause, been sent to the Asylum unnecessarily."

One case of suicide occurred in a man who had been gone from the Asylum a fortnight on trial.

"Two attendants were discharged for harshness to patients, three for intemperance, and one for dishonorable conduct."

*Eighteenth Annual Report of the Lunatic Asylum for the Counties of Bedford, Hertford and Huntingdon, called the "Three Counties' Asylum," near Arlesey: 1877. Dr. EDWARD SWAIN, Medical Superintendent.*

There were 710 patients in the Asylum at the beginning of the year, and 148 were admitted during the year. There were discharged—recovered, 60; relieved, 5; not improved, 45; and 67 died.

The percentage of recoveries on admissions was 40.54. The average weekly cost of maintenance, per capita, was 9s. 8d.

"Neither mechanical restraint nor seclusion has been employed. The treatment of the patients has consisted principally in improving their health by good food, producing sleep in the sleepless (a large contingent among the newly admitted), and trying to induce them to forget their troubles by employment, amusement, etc. For producing sleep, moderate doses of chloral or hyoscyamus, with bromide of potassium, are found the most efficacious measures we possess."

*Thirty-Second Annual Report of the Devon Lunatic Asylum, Exeter: 1877. G. SYMES SAUNDERS, M. B., Medical Superintendent.*

There were 724 patients in the Asylum, January 1, 1877, and during the year 156 were admitted. There were discharged—recovered, 65; relieved, 13; not improved, 4; certificates being informal, 1; and 50 died.

The percentage of recoveries upon admissions was 41.73. The average cost per head, per week, was 9s. 3 1-2d.

*Annual Report of the County of Warwick Pauper Lunatic Asylum, Warwick: 1877.* Dr. W. H. PARSEY, Medical Superintendent.

The number of patients in the Asylum on the 1st of January was 605, and 147 were admitted during the year. There were discharged—recovered, 37; relieved, 8; not improved, 1; and 51 died.

The percentage of recoveries upon admissions was 25.1. The weekly cost per capita was 9s. 4 5-8d.

The district which patronizes this Asylum includes the famous Stratford-on-Avon, to which we find forty of the lunatics in the Institution credited. The Doctor makes some very good suggestions regarding the apparent increase of insanity. The Asylum for the County of Warwick has an accommodation for a proportion of one to four hundred and fifty of the population, and yet measures must immediately be taken to increase the accommodation.

The aggregation of chronic lunatics, however, is no criterion in forming a judgment in this matter. The best basis would be a comparison of the recent cases of one year with those of another. The recent cases (under one year) admitted during the past year are several less than the average for the past ten years. He thinks the increase of admissions among the pauper insane, during the past few years, is not so much due to an absolute increased proclivity to insanity as to, *e. g.*, “the more extended popular recognition of the disease in its less pronounced forms; the greater confidence among all classes of the community and the advantage of care and treatment in public asylums; the readiness

with which the insane members of the classes above the actual poor are made paupers, that they may become participators in these advantages, the whole or a greater portion of their expenses being refunded to the Unions by their relatives; the willingness of parochial authorities, by sanctioning such arrangements, to partially meet one of the great social wants of the day, a proper asylum provision within their means for the insane members of the lower and middle classes; the diffusion of the cost of maintenance of all insane paupers over much more extended areas; and, lastly, the government grant-in-aid for all those whose friends are unable to contribute so much as four shillings a week toward their maintenance in an asylum."

The Doctor has just set apart two large dormitories, each containing forty beds, for epileptics. In each dormitory an attendant sits all night to prevent catastrophe from fits. He reports an epileptic who "broke his leg for the third time within a year and a half, each time by twisting it under him while falling in a fit. Another male epileptic broke two ribs by falling in a fit against the edge of a bench; and an old woman got the neck of her thigh bone broken by being pushed down by a fellow patient."

*Thirteenth Annual Report of the Somerset County Pauper Lunatic Asylum, Wells: 1877. C. W. CARTER MADDEN-MEDLICOTT, M. D., Medical Superintendent.*

The number of patients in the Asylum, January 1, 1877, was 640, and 192 were admitted during the year. There were discharged—recovered, 58; relieved, 15; not improved, 7; and 67 died.

The percentage of recoveries on admissions was 29.9.

The Doctor speaks of a middle-class asylum for the county as an "imperative necessity."



During the past year the committee of the Asylum decided that criminal lunatics should not be admitted to the Asylum. "This is a matter for congratulation, for in most cases they are old offenders, and have led very vagrant lives, residing alternately in either the work-house, prison, and even the Asylum itself; and their mingling with the patients had a very prejudicial and contaminating effect."

The appendix to the report contains the rules for the government of the Institution.

*Twenty-sixth Report of the Derbyshire County Lunatic Asylum, Mickleover, Derby: 1877. J. MURRAY LINDSAY, M. D., Medical Superintendent.*

January 1, 1877, the Asylum contained 419 patients; and during the year 175 were admitted, and there were discharged—recovered, 64; relieved, 11; not improved, 31; and 60 died.

The percentage of recoveries upon admissions was 36.5.

The average weekly cost per capita was 10s. 10 1-2d.

Dr. Lindsay seems to favor the idea of having a separate County Asylum for private patients, many of whom, he says, are now sent to Mickleover as paupers, though their friends pay the parish the expense of their maintenance. Many would be willing to pay more than the pauper rates if separate provision were made for them. "The question of the mixed system of accommodating pauper and private patients in the same building, was frequently referred to with disapproval in the evidence of the Select Committee of the House of Commons on Lunacy Law, ordered to be printed 30th July last; and a general and strong opinion was expressed by the Lunacy Commissioners and other authorities in favor of having these two classes, if

private patients are to be received in county asylums, in separate buildings under the same management, as at the Cornwall County Asylum, where the system is in satisfactory and successful operation."

Speaking of inebriates, the Doctor remarks: "For the proper control and treatment of dipsomaniacs, insane drinkers, habitual inebriates, or whatever term may be applied to this class, there is a growing and strong conviction on the part of the public and of the medical profession that some effective legislative provision is necessary, by the establishment of retreats, inebriate asylums or other special institutions for the enforced and prolonged detention of this class, so dangerous to themselves and the cause of so much misery and trouble to all connected with them. In this respect Colonial legislation is in advance of British. In Victoria an act has been in successful operation for the last five years for the care and treatment of habitual inebriates by granting licenses to retreats or inebriate asylums."

After speaking of the high death-rate, and attributing it to an unusual share of the worst forms of the disease, as, for instance, general paralysis, he says of that disease: "In some counties, as in Derbyshire, it is more prevalent than in others, whilst in Irish Asylums this disease is comparatively rare, almost unknown. By a process more ingenious than scientific, an able and distinguished writer in Ireland endeavored to show that the much greater prevalence of general paralysis in England, was due to the use of beer, whilst the comparative immunity of the Irish people, was due to their preference for good whiskey. This is a point well worthy the attention of all temperance advocates."

## \* WALES:

*Twenty-Fifth Annual Report of the Joint Lunatic Asylum for the Counties of Monmouth, Brecon and Radnor, Abergavenny:* 1877. D. M. McCULLOUGH, M. D., Medical Superintendent.

There were 519 patients in the Asylum, January 1, 1877, and during the year 110 were admitted. There were discharged—recovered, 39; relieved, 10; not improved, 1; transferred to Hereford, 20; and 47 died.

The percentage of recoveries upon admissions was 35.4. The average weekly cost per capita was 9s. 8d.

Dr. McCullough reports a marked falling off in admissions as compared with the preceding five years, which he attributes, in part, to the exhaustion of chronic and congenital cases transferred from work-houses, under the influence of the government allowance of 4s. per week; and in part to the extensive migration of the young of both sexes from the district, owing to the depressed condition of the iron and coal trades. The following remarks of the Doctor, concerning a symptom of general paresis, are interesting:

In my report for 1873, I called attention to the fact that insanity is by no means unfrequently punished as crime, and pointed out that stealing is a common symptom of a peculiar form of organic disease of the brain which always terminates in death. During the past year two patients were admitted, laboring under this disease—paralysis of the insane—who had been convicted of larceny, and who came to the Asylum in a debilitated state, as a result of prison diet and discipline. Inquiry into the history of these cases left no doubt that the disease existed at the time the articles were stolen, and in one of the cases certainly for months before. It is well for magistrates to bear in mind that such cases occur, though I can understand their feeling a difficulty in discriminating them. In general it will be found that a change of character and habits has preceded the stealing, and that the stealing is usually irrational, and without any regard to the probability of discovery.

## SCOTLAND:

*Annual Report of the Royal Edinburgh Asylum for the Insane, Morningside: 1877.* T. S. CLOUSTON, M. D., F. R. C. P., Medical Superintendent.

The number of patients in the Asylum and on probation, January 1, 1877, was 734. During the year 342 were admitted, and there were discharged—recovered, 170; relieved, 88; not improved, 20; and 63 died.

The percentage of recoveries upon admissions was 49.7

Dr. Clouston calls attention to the increase of pauper lunatics, but assures the public that this “is not due to any great increase of lunacy.” He repeats some of his suggestions upon this subject in his last report (see review in this JOURNAL, October, 1877), especially as to the influence of “the premium of four shillings a week from the imperial exchequer given for each pauper who is a lunatic.”

Most fortunately, the increase in the total number of pauper patients chargeable at the end of each year bears no proportion to the growing increase in the admissions, for they have only risen from 460, at the end of 1873, to 489 at the end of this year. While, in fact, the admissions have risen 30 per cent in the last four years, the total numbers chargeable have only risen 6 per cent. This curious fact is owing to several causes, the chief of which are, that the cases are now sent in at an earlier and more curable stage, and slighter and more transient cases are sent here, so that, as a matter of fact, a higher percentage now recover. The second circumstance which produces this desirable result is, that the Scotch Lunacy Statutes make easy and abundant provision for the discharge of patients from Asylums, both when they are recovered, and also when they are so far relieved of the worst symptoms of their malady, that they are harmless and manageable. In this respect it is in marked contrast to the English law.

The Doctor further contrasts the English and Scotch Lunacy Laws, and refers to several points brought out before the Parliament Committee last year.



There is no doubt that patients are now sent into Asylums sooner than formerly. About 40 per cent of the admissions were sent here within the first month of their being attacked. In the case of many private patients, where medical and ordinary attendance can be secured at home, it is one of the most difficult of all medical questions to decide whether a case should be removed to an asylum in the first month of the disease or not. But among the poor, where no such attendance can be got, and the surroundings are all against recovery, there is no doubt that early treatment in an asylum is the best thing for the patient, and the sooner that treatment can be applied the better.

In speaking of causation he says, "the over-indulgence in drink, as usual, brought on their disease in more cases than any other single cause. The griefs, despair, excitements, domestic trials, frights, religious emotions, and disappointments in love of the community, only overturned the reason of 64 patients to the extent that they needed to come here, while drink alone sent us 53 victims." The mortality of the year has been very low—and especially so among the men. This the Doctor attributes "in some measure to the improved ventilation, lighting and sanitation which are the result of the radical alterations in the structure of the whole department and its work-shops recently effected, as well as to the increased means of working and exercising in the open-air provided for the male patients. No doubt the abolition of the old airing-courts, the patients going out into the open grounds instead, has had something to do with it; and the introduction of far more work in the garden of a simple kind, such as digging and wheelbarrow work, suitable for those whose minds are too much affected to do work requiring mental application or effort."

The Institution appears to be prosperous.

The greatest and most enduring of all the events which have happened since I wrote my last report, has been the purchase of

the Craig House estate. To have acquired 50 acres of additional land was of immense importance, but to have got it contiguous, to have it magnificently wooded with old timber, so secluded and yet with such extensive views, so airy and yet so sheltered, and pronounced by the highest sanitary authorities in the country, in Sir Robert Christison's report from the Medical Board, to be most salubrious, is, from a medical point of view, of incalculable importance to us.

"Morningside," with its East House and West House and Craig House and Cottages, is evidently quite a feature of Scotland's ancient Capital.

#### IRELAND :

*Report of the Richmond District Lunatic Asylum, Dublin : 1877.*

Dr. JOSEPH LALOR, Medical Superintendent.

At the beginning of the year there were 1,053 patients in the Asylum. During the year 432 were admitted, and there were discharged—recovered, 193; improved, 51; unimproved, 5; and 174 died.

The percentage of recoveries on admissions was 44.6. The average cost of each patient for the year was £25 18s. 1d.

Dr. Lalor's report is devoted principally to remarks upon the schools in that Institution, which he inaugurated there twenty years ago. From the very large proportion of uneducated persons admitted to the Asylum (as we see from Table viii), it would seem desirable that an attempt be made, even in the Asylum, to give them the *rudiments* of education. In our own country there are so few (and they chiefly foreigners), who do not possess at least that *fundamental* knowledge which, from the Doctor's long experience, seems to be the practical limit of asylum teaching, that such a department would not only be superfluous, but out of place. In the few instances, here, where years ago schools were introduced,

they have been discontinued, and we trust there may never exist, in our land, such a popular ignorance as would render them necessary.

*Annual Report of the District Lunatic Asylum, Clonmel, Tipperary: 1877.* Dr. W. H. GARNER, Superintendent.

The number of patients in the Asylum, December 31, 1876, was 367. During the year 79 were admitted, and there were discharged—recovered, 37; improved, 9; escaped, 1; and 24 died.

The percentage of recoveries on admissions was 46.8.

A case of suicide is reported, effected by “throwing herself out of a window of the day-hall.” It occurs to us that this may have some relation to that much talked of absence of “bolts and bars” in the British Asylums, although the superintendent says he “can not acquit the attendants in charge of all blame.”

The Asylum was opened in 1834, with accommodation for 60, and has been at various times increased so that now there are beds for 385. There is a small margin now, but Dr. Garner recommends that the governors consider the matter of making further additions to its capacity. Other recommendations are also made—as to better provision in the way of kitchens, laundries, and especially chapel accommodation. The proportion of Roman Catholics to Protestants is as 12 to 1. The cost per head for the year is £29 17s. 9d., or about \$150.

*Annual Report of the Cork District Lunatic Asylum, Cork: 1877.* JAMES ALEX. EAMES, M. D., Superintendent.

The number of patients in the Asylum, December 31, 1876, was 742. During the year 219 were admitted, and there were discharged—recovered, 80; improved, 29; unimproved, 1; and 105 died.

The percentage of recoveries on admissions was 36.52. The total expenditure, per patient, for the year was £25 2s. 3d.

*Forty-Eighth Report of the Belfast District Hospital for the Insane, Belfast: 1877.* ALEX. STEWART MERRICK, M. D., Superintendent.

The number of patients remaining in the Hospital, December 31, 1876, was 424. During the year 169 were admitted, and there were discharged—recovered, 81; improved, 37; unimproved, 2; and 34 died.

The percentage of recoveries on admissions was 47.9. The percentage of total recoveries (3,117) on total admissions (5,704), during 48 years, 7 months, was 54.6. The average cost, per head, for the year was £24 18s. 4d.

*Report of the Donegal District Lunatic Asylum, Letterkenny: 1877.* Dr. JOSEPH PETIT, Medical Superintendent.

The year began with 287 patients; 103 were admitted during the year, and there were discharged—recovered, 35; relieved, 19; not improved, 1; escaped, 1; and 26 died.

The percentage of recoveries on admissions was 33.9. The total expenditure, per head, for the year was £23 11s.



## REVIEWS OF BOOKS, REPORTS, &amp;c.

---

*Commentaries on the Lunacy Laws of New York, and on the Judicial Aspects of Insanity at Common Law and in Equity, including Procedure, as expounded in England and the United States.* By JOHN ORDRONAU, State Commissioner in Lunacy, Professor of Medical Jurisprudence in the Law School of Columbia College, New York, and Author of the "Jurisprudence of Medicine." Albany: John D. Parsons, Jr., Law Publisher, 1878.

It is a noteworthy fact that, although there have been published a number of excellent treatises on Medical Jurisprudence in general, and two, notably upon the Medical Jurisprudence of Insanity, no similar work to the above has yet appeared in the United States. It covers a ground so little explored by ordinary writers, and brings together in one body of systematic law, so many isolated decisions bearing upon every possible legal relation of lunacy, that it may be said to form a complete code of lunacy practice. While it embraces commentaries upon the lunacy statutes of New York, it also discusses the judicial aspects of Insanity at Common Law and in Equity, in such a way as to adapt it to the jurisprudence of all the States, whether in dealing with the principles or the practice of this branch of our municipal law. It will be found, therefore, equally serviceable to lawyers, committees of lunatics, superintendents of asylums, and to all occupying any official relations to the insane. It is a manual of the legal principles under which every question of insanity must ultimately be considered and adjudicated in a Court of Justice.

Prof. Ordronau begins his work with an introductory chapter upon the medico-legal reasons underlying the established traditions of the law upon the subject

of insanity. He then gives us a comprehensive digest of the adjudicated principles therein, as settled in England and the United States. His first chapter is devoted to a sketch of Lunacy Legislation in England, including present methods of commitment and official supervision, followed by a full History of Lunacy Legislation in New York. In the next chapter on the Revised Lunacy Statutes of New York, he begins his labors as a commentator. All questions relating to commitment, confinement, certificates, domicil, furloughs, superintendents of asylums, &c., are here discussed. He then passes on, in his next chapter, to the consideration of Habitual Drunkards, to whom he devotes the entire chapter. This is followed by another on the Special Acts relating to Counties.

At this point he begins the consideration of the judicial aspects of insanity by a chapter on Procedure, containing eight distinct titles, viz: Jurisdiction of Courts; Commissions of Lunacy; Inquests of Office and their Effects; Traverse; Supersedeas; Committees; Suits for, and against Lunatics; and Costs. The sixth chapter discusses the Civil Disabilities of the Insane, as affecting contracts of every kind; Conveyances, Agency, Partnership, Torts and Divorce. The seventh chapter deals with the question of Testamentary Capacity in all its Bearings, and we need not say how wide these are where such questions as delusions, undue influence, habitual drunkenness and disease are introduced into the problem. This is followed by an inquiry into the testimonial capacity of the insane. Chapter eighth takes up the subject of the Criminal Responsibility of the Insane, followed by a discussion on Epilepsy in its relations to Crime. Chapter ninth is dedicated to Forms in Lunacy Proceedings.

From a review of the foregoing synopsis it will be seen how large is the field covered by this work. Many of the subjects treated in it, can not be found in any works on Medical Jurisprudence, or even works on Insanity. They are living subjects to those who have any official relations to the insane, and sometimes give rise to perplexities which medical skill alone can not solve. As the author himself says in his preface :

These commentaries are largely compiled from cases that have been submitted to me for official determination. For although the Commissioner in Lunacy exercises no judicial functions outside of his visitatorial powers over asylums, yet it has devolved upon him to impart legal advice, both to professional practitioners and to public officers, in matters affecting either private rights or conflicts of jurisdiction, where, from the nature of the personal interests at stake, or the character of the jurisdiction involved, it was undesirable to bring them into the forum of remedial justice. These interpretations, therefore, are based upon living statutes, and rest in analogies drawn from judicial decisions both in law and in equity. They are simply opinions upon the practical applications of our Municipal Law to the subjects under consideration.

*Insanity in Ancient and Modern Life, with Chapters on its Prevention.* By DANIEL HACK TUKE, M. D., Fellow of the Royal College of Physicians, London. London: Macmillan & Co., 1878.

This work is an octavo of 220 pages, written in a style as pleasing and lucid as its subject would warrant.

Part First, which comprises nearly half the volume, is devoted to the Prevalence of the Causes of Insanity among the Nations of Antiquity. Although there are many interesting facts in these chapters, the general impression left upon one's mind after perusing them, is that it is all too supposititious—the existence of the causes not infrequently being only implied—and, still more frequently, their operation being but inferential. Although certain conditions were known to exist among

the ancients, which conditions do now sometimes produce insanity, it is hardly safe to imply that they then produced it to the same extent as now, or even at all. We have very little definite information as to the prevalence of insanity among the ancients, and this knowledge is not likely to be added to by any amount of theorizing.

Part Second, upon Insanity in Relation to Modern Life, is tangible and satisfactory; and part Third, upon Auto-prophylaxis, is well adapted for perusal by those who have not had much experience with the insane; in other words this, as indeed the entire book, is written in a popular style, and evidently not intended as a scientific or professional treatise. In good part it is an amplification of some of the chapters of the author's first edition of *Psychological Medicine*.

*The Source of Muscular Power.* Arguments and conclusions drawn from Observations upon the Human Subject under Conditions of Rest and Muscular Exercise. By AUSTIN FLINT, Jr., M. D., Prof. of Physiology and Physiological Anatomy in the Bellevue Hospital Medical College. New York: D. Appleton & Company, 1878.

For several years the idea has been entertained by many physiologists, that the muscular system is a sort of machine through which the force inherent in food is manifested, like as in the steam engine the force inherent in fuel and water is demonstrated. In this little work the author gives his own observations and what seem to him to be the logical conclusions to be drawn from them, and from experiments made by others upon the human subject under conditions of rest and of muscular exercise. From these he arrives at the conclusion that no satisfactory determination may be made as to the amount of force to be derived in the body from a



certain amount of food, on the basis of force produced by chemical action outside the body.

The development of muscles in size, hardness, power and endurance by systematic exercise, with proper intervals of repose for repair and growth is due to increased activity of the circulation in the muscles and of the nutritive processes which not only renews the used up material, but adds still more.

“The direct source of muscular power is to be looked for in the muscular system itself. The exercise of muscular power immediately involves the destruction of a certain amount of muscular substance of which nitrogen excreted is a measure. Indirectly nitrogenized food is a source of power, as, by its assimilation by muscular tissue, it repairs the waste and develops the capacity for work; but food is not directly converted into force in the living body, nor is it a source of muscular power, except that it maintains the muscular system in a proper condition for work.”

*Physics of the Infectious Diseases.* C. A. LOGAN, A. M., M. D.,  
Chicago: Jansen, McClurg & Company, 1878.

This little work—a duodecimo of 212 pages—is the outgrowth, more especially, of the author's life in South America, during which he carefully observed the connection between the physical condition of the country and the diseases which prevailed. The book opens with some general observations upon the atmosphere as a medium for transmitting disease and the geography of disease. Then follow several chapters on the physical aspects of the Pacific coast of the South—then four chapters upon the medical aspects of the same coast. Part fourth is upon the physics of specific causation, which is very largely theoretical. Part fifth is devoted to the therapeutics of the infectious diseases;

and the last division of the work discusses the question of energy as related to general disorders. Although there is much in the book that is purely speculative, there are also many interesting facts, and the tendency of the book will be to incite its readers to a more careful consideration of the relation between disease and climatic conditions.

*Tenth Annual Report of the Inspector of Asylums, Prisons and Public Charities for the Province of Ontario: Toronto, 1877.*

This report is an octavo of nearly four hundred pages, well arranged and thoroughly prepared. Part first is devoted to Asylums for the Insane—comprising those at Toronto, London, Kingston and Hamilton, and the Asylum for Idiots, at Orillia. Elsewhere we notice the reports of the Toronto and London Institutions. In the Asylum at Kingston there were 380 patients at the close of the fiscal year, and in that at Hamilton, 199; making a total in the four Provincial Asylums of 1,859. The Asylum for Idiots contained 140.

The asylum accommodation of the Province increased during the year from 2,009 to 2,091, and the additions to be made at London and Hamilton are to increase it to 2,651 by the first of November next.

The total number of insane and idiotic publicly accommodated at the close of the fiscal year, including those in Kingston Penitentiary and County Gaols was 2,052.

Mr. Langmuir remarks that "it is most difficult to ascertain the number of persons of unsound mind who are at large, or even to make an approximation of it. It is, however, satisfactory and encouraging to know that the increased accommodation lately provided, has very appreciably reduced the number of unawarded applications for asylum accommodation."

During the year, 544 patients were admitted to the various asylums of the Province. There were discharged—recovered, 152; improved, 37; and 22 unimproved. The total deaths were 137.

The percentage of recoveries upon admissions was about 28.

In the accounts of the Inspector's visits to the various institutions, there is much of interest, and altogether the report is a valuable one. An appendix contains the reports of the superintendents of the several asylums.

*Ninth Annual Report of the State Board of Health of Massachusetts*: January, 1878.

The general report of the Board discusses various subjects that have been brought to their attention and investigated and acted upon by them, such as abattoirs, fat-vending establishments, fertilizing companies, &c.; recommends a bill to provide for the more accurate registration of vital statistics; calls attention to drainage, sewerage and pollution of streams; refers to the investigation by Dr. Jay Jeffries, into color blindness; recommends that attention be given to this subject, particularly with reference to employees upon railroads, steamboats, &c., where colored signals are used; recommends attention to Dr. Nichol's paper on the Filtration of Potable Water, and to Dr. Lincoln's paper on Sanitation of Public Schools in Massachusetts, as well as to Dr. Johnson's able and extensive discussion of Scarlet-fever; Hydrophobia, Diptheria and prevalent diseases are also discussed, and altogether the report is a very worthy and readable volume. With this general report are given the various papers referred to, all of which are both full and able.

*Report of the State Commissioner in Lunacy to the Legislature on the Relations of the State to the Society of the New York Hospital:* Roslyn, N. Y., 1878.

This document is the outgrowth of a letter addressed by the President of the Board of Commissioners of Public Charities and Correction, of the City of New York, to the Governors of the Society of the New York Hospital, asking if they could not aid in furnishing provision for the pauper lunatics of the city and county of New York, its own asylums being so overcrowded. The reply intimated no desire or intention on the part of the Governors of the Hospital to afford any relief to the commissioners. Mr. Brennan accordingly called the attention of Dr. Ordronaux to the matter, and the latter made a thorough investigation into the relations of the Society to the State. He discovered that the State has, since 1797, given to the Society \$1,279,729.17, and that between 1816 and 1866 over \$440,000 of that sum was given specifically for the construction of the Bloomingdale Asylum. Also, that since 1822, by a statute then passed, the Society has been exempt from taxation on all real and personal property—an immunity to the Bloomingdale property alone which “a reasonable conjecture will not place at less than \$500,000;” and this “without any return made by them (the Asylum Managers) through that Institution to the insane poor of the county of New York.” He shows, moreover, that the original charter implied that the Institution should be a *charitable* one.

The Doctor makes a long and exhaustive argument, replete with legal references and decisions, and concludes “that the State may direct the use to which its funds, invested in the Bloomingdale Asylum, shall in future be put, and, as its founder, it may also appoint its own visitors to that Institution, because the power



of appointing visitors to any corporation is always a prerogative right in its founder."

The Commissioner closes his report by recommending "that it be referred to the Attorney General to determine—

*First*, what duty the Corporation of the New York Hospital owe to the State in respect to making provision for the pauper insane of the county of New York;

*Second*, what legislation is necessary to enforce such duty; and,

*Third*, whether the State has power to appoint, as founder of the Bloomingdale Asylum, a board of governors for its management."

This subject is now in the hands of the Attorney General.

*Fifth Annual Report of the State Commissioner in Lunacy for New York: Roslyn, 1877. JOHN ORDRONAU, M. D., LL. D.*

In beginning his report, the Commissioner defines his duties as "those of supervision of the personal security, comfort and medical treatment of the insane," having the authority "of inquiry into, and remedying personal wrongs to the insane, while actually in the custody of asylums."

In his preceding report to the Legislature, he asked to be empowered to employ a stenographer, and also to have it made incumbent on the district attorney, in any county, where an investigation was to be made by the Commissioner, to attend and represent the people, since it was very unsatisfactory for the Commissioner to act both as prosecuting attorney and judge. Such a bill was favorably reported upon, but failed to become a law, and these requests are repeated in the present report. The subject of public visitation of asylums is discussed, and statistics given.

The Commissioner not only approves of County Asylums for the pauper chronic insane, but deems them a necessity, though he does not approve of their being managed as appendages to a poor-house, nor that their governing boards should have a political character.

If it were possible to create non-political boards of managers for such institutions, giving them at the same time a sufficiently long term of office to secure the benefits of their experience when acquired, instead of changing the whole board at one time, or even a majority of the old members, a great improvement could be made in the administration of these institutions. Let these boards be appointed by the highest authorities of the county, such as the county judge, the surrogate, and president of the board of supervisors. Let them consist of unsalaried freeholders of both sexes. Give them the power of appointing and removing the superintendent of the institution, and of determining the scale of its expenditures and the appropriations needed, and we should then secure the least objectionable form of government for all charitable institutions that can be devised.

The Commissioner also recommends a State Asylum for Epileptics, which we think a very wise suggestion, for there are many reasons why they should not be associated with ordinary cases of insanity in asylums. He urges the removal of the Asylum for Insane Criminals to some locality free from the objectionable features surrounding the present institution—a densely populated portion of the city—the proximity of a prison, and of manufacturing establishments—all disturbing to the class of cases that would be benefitted by treatment in a quiet region. “If the State really means to cure such patients, it should, above all things, secure them a quiet retreat. If it merely intends to secure their custody apart from the labors of a prison, then the place may answer. \* \* The institution should be placed in the midst of a farm, with space enough for secure seclusion on the one hand, and occupation on the other, to the inmates.” He recommends the Legislature

to appoint a commission to consider and report upon the expediency of the removal of this Asylum, and of placing it upon the same basis of management as the other State Asylums.

The succeeding section of the report details the repairs and improvements that have been made in the County Asylums, especially noticeable in Broome, Chautauqua, Columbia, Erie, Oneida and Rockland counties.

Dr. Ordronaux makes some suggestions upon insanity and crime—describing particularly, and with rare force of rhetorical figure, a class of criminals who occupy the border-land of insanity, and so are almost without the bounds of responsibility—"unfortunate human beings, born misshapen and lop-sided in mental constitution, social Ishmaelites from birth, and pirates in every community where they dwell. *Hostis humani generis*, they are, indeed, sad victims to inherited degenerations, traveling fast through highways of scrofula, syphilis and glandular disorders, down into the regions of insanity and consumption." The State, he thinks, should "separate the mentally undeveloped criminal from his more perfected fellow-sinner, and thus endeavor to create in him a conscience toward the State, at least, as the parent of laws, which all must obey." He believes that it would further the successful administration of prison reform to weed out, periodically, from the ranks of their inmates, all criminals of doubtful mental capacity; "weak minded youths, adult imbeciles, demented men, or those in the incipient stages of insanity, should be transferred to the State Asylum for Insane Criminals, there to serve out their sentences;" and he recommends that the Superintendent of that Asylum visit, quarterly, each of the State prisons, to ascertain, by personal examination, what convicts should be transferred to the Asylum.

The report closes with some remarks upon the State Inebriate Asylum, regarding which he deems additional legislation necessary to give that disciplinary and restrictive character to the treatment of its inmates, which the reformation of inebriates demands. In addition to what we have already noticed, the report contains a section upon Statistics of Criminal Lunacy in England, and there are several pages devoted to statistical tables regarding the various asylums of the State, both public and private.

*Report of the Visiting Committee to visit the Hospitals for the Insane: Des Moines, Iowa, 1877.*

This committee, which consists of two gentlemen and a lady, appears to have a general supervision of the patients in asylums; to see that they are well-cared for and treated, and that they are not improperly detained in the custody of the Asylum. The report is very favorable to the institutions in Iowa. After complimenting the diet, beds, cleanliness, etc., the committee remarks that "nine-tenths of the inmates of these hospitals are better lodged and fed, and better cared for, personally, than they ever were in their lives before," which is saying more for the institutions than for the people of the State.

Two charges were brought against the Hospital at Mount Pleasant. One was that a patient had been cut and bruised by an attendant kicking him. Investigation showed satisfactorily that the injuries were due to falls in epileptic fits, to which the patient was subject. The other was a case of a woman, who had been in the Asylum a year and a half, and who, when she escaped and returned to her friends, had gained so much in flesh as to give credence in their minds to her statement that she was pregnant. A Dr. Cook saw her upon the



street, and upon this very superficial examination testified under oath to the opinion that she was in that condition, and with justice the committee censures him severely. After a month the woman was returned to the Asylum, where she now is. A thorough and satisfactory investigation was made, which convinced the committee that the charge was not true. The committee deprecates the practice of sending criminals convicted of capital crimes to the hospitals for the insane; and recommends that a suitable ward be provided in the penitentiary for the care and treatment of such cases.

---

### S U M M A R Y.

---

—Eight or ten years ago Jonathan Burr, a wealthy resident of Chicago, died, having bequeathed a certain property to the benefit of any State asylum that might be established in Northern Illinois. The commissioners of Cook county built an addition to their alms-house for the use of the insane, thinking thereby to secure the generous gift. The institution was not, however, a State Asylum, and when the Asylum at Elgin was erected, action was taken by the Board of Managers, through their attorney, Mr. Holden, to secure possession of the property. The case was tried in the Circuit Court of the county, resulting after a year and a half in a decision in favor of the County Institution. Appeal to the Supreme Court, however, reversed this decision, and the deed is now in the hands of the Elgin Asylum managers. The property is worth about \$35,000. Only the interest can be used, and that “for the comfort and benefit of the insane, by furnishing them more ways of diversion and amusement.”

—Dr. Wm. M. Compton, who recently resigned the Superintendency of the State Lunatic Asylum at Jacksonville, Miss., will open a Private Asylum at Holly Springs, Miss., about the first of December next. The Institution will accommodate about thirty patients. We wish the Doctor abundant success in his new enterprise.

—Dr. Wm. A. Gorton, of Cooperstown, N. Y., has been appointed Assistant Physician to the Asylum for Insane Criminals at Auburn, N. Y., in place of Dr. Gerin, who has gone into private practice in Auburn.

—Dr. Horace Wardner, of Cairo, Ill., has been appointed Superintendent of the Southern Illinois Insane Asylum at Anna, as successor to Dr. Barnes, resigned.

—Dr. T. J. Mitchell, has been appointed Superintendent of the State Lunatic Asylum at Jacksonville, in place of Dr. Compton.

—Dr. George C. Catlett has been re-elected Superintendent of the State Insane Asylum, near St. Joseph, Mo., to serve for the ensuing four years.

---

ERRATA.—In article on "Insane Patients and their Legal Relations," July number, page 182, sixth line from bottom, read *uses* for *cases*; and on page 185, fourth line from top, read *natural* for *national*.

# AMERICAN JOURNAL OF INSANITY, FOR JANUARY, 1879.

---

## AN ABSTRACT OF THE LAWS OF THE STATE OF NEW YORK,

IN REGARD TO THE COMMITMENT OF INSANE TO ASYLUMS, THEIR  
DETENTION AND DISCHARGE, AND COMPARISON OF THE SAME,  
WITH THE STATUTORY PROVISIONS OF ENGLAND.\*

---

BY JOHN P. GRAY, M. D., LL. D.

---

Two broad considerations underlie this subject,—the welfare of the individual, and the safety of the public. The question of unnecessary interference with personal liberty, and the possibility of confounding sane and insane in the application of laws made to protect the latter, as well as society, are vital considerations. It is a fact and practically an axiom, that insanity implies or includes the necessity of special laws to meet the conditions which grow out of it, or in other words, to meet the symptoms and results of the disease itself. The laws upon the subject differ in various countries, as well as in the various States of our country. The objects everywhere are to determine what constitutes insanity, what degree or character of insanity produces loss of accountability for acts, or necessitates provision for the government of the person or property, and finally, confinement in hospitals, asylums, retreats, etc., for treatment and safety.

---

\*Address as President of the Association of American Medical Editors, delivered at Buffalo, N. Y., June 3, 1878.

I do not propose here to enter into the subject generally, but only in relation to the methods of determining the question of lunacy, in any given case, for the commitment to, detention in, and discharge from institutions, authorized under legal statutes, for the treatment and care of the insane. This subject has received great attention by men eminent both in the medical and legal professions, and the fact that the laws so widely differ both in their construction, established methods of procedure, and the officers authorized to administer in their execution, tend to show the inherent difficulties that underlie it, both as a matter of law and social polity. Such laws necessarily call into requisition, in their provisions and execution, both medical and legal science; to determine the existence of disease, its degree, and the propriety of restraint by commitments, the detention and the restoration to liberty. The determination of these questions must rest largely upon the individual judgment of medical men. Cases of insanity differ largely in the mental manifestations, social and general surroundings and conditions, and the natural character of the individual, hence the difficulty of any general rule applicable to all cases.

In looking over the statutes of the several States, those of New York coincide more nearly with those of England than do those of any other State. The initial question is:—How is insanity to be determined? This issue was raised under the common law writ, *de lunatico inquirendo*, in any individual case suspected, and this went directly to the question of personal liberty. The laws of England require that any person brought within their provisions must be certified on medical authority to be “either a lunatic, or an insane person, or an idiot, or a person of unsound mind.” The statutes of New York, now in force, [Chap. 446 Laws of 1874. “An Act to revise the



Laws of the State, relating to the care and custody of the insane; the management of the asylums for their treatment and safe keeping; and the duties of the State Commissioner in Lunacy." provide that "the terms lunacy, lunatic, and insane, as used in this act, shall include every species of insanity, and extend to every deranged person, and to all (cases of) unsound mind other than idiots." For idiots, the law has made certain special provisions. While it is difficult in a statute to enter into a scientific definition of insanity or do more than use a succession of terms which are rather synonymous than definitions of each other, it is found practicable to lay down some rule by which the insanity may be established, justifying and requiring confinement. What in law constitutes an insanity sufficient to confine, is involved in the provisions authorizing the medical certificates, as an initiatory proceeding, necessary in all cases. The certificates declare in terms that the person "is insane, and a proper person for care and treatment under the provisions of Chapter 446, Laws of 1874," and recites the reasons therefor. This establishes the lunacy and the necessity of confinement. The commitment becomes legal by the approval of the certificates by a judge, and thus the commitment and detention are made legal.

#### CERTIFICATES OF INSANITY.

##### ENGLAND.

*Medical Certificates—Number and Time for Making.*—Two medical certificates must be made out, in the case of private patients, within seven clear days from the date of the examination by the physicians; in the case of pauper insane only one is demanded, and the patient must be admitted within seven days of the examination. No medical certificates are required for chancery patients.

##### NEW YORK.

*Medical Certificates—Number and Time for Making.*—The certificates of two physicians are required in all cases, and must be made out within ten days of the examination by the physicians, and the patient must be admitted within ten days of such examination, or a new certificate is required.

## ENGLAND.

*Qualifications.*—Physicians making certificates must be in actual practice and duly registered. No medical attendant in an asylum can make a certificate, and no physicians having proprietary interest in, or who receive any percentage of profits from an asylum. The medical certifiers must not be in partnership professionally, nor can the certificates be signed by the father, brother, son, partner or assistant of the person having charge of the patient, and no physician who signs the order or request for admission to an asylum can sign the medical certificate.

*Exceptions.*—When there is but one medical man in a village, and the case is urgent, the patient may be admitted on this certificate, but must be examined after admission, and within three days, by two other physicians.

*Character of Certificate.*—The facts upon which the opinion of a medical man is based must be stated in the certificate, and as observed upon the day of examination; and every statement designated as a delusion, verified; and hear-say statements must be designated as such and the names of the persons giving them, must be mentioned.

*Approval of Certificates.*—Exact copies of all medical certificates (with any interlineations and erasures) must be sent to the Commissioners in Lunacy within twenty-four hours after the admission of the patient, for approval, and if imperfect, they must be returned for correction, and if not corrected within fourteen days, the patient must be discharged.

## NEW YORK.

*Qualifications.*—Physicians making certificates must have been in actual practice at least three years, of reputable character, graduates of some incorporated medical college, a permanent resident of the State, and all such qualifications must be certified to by a judge of a court of record. No physician can make a certificate committing a patient to an institution of which he is either the superintendent, proprietor, officer, or regular professional attendant.

*Exceptions.*—None.

*Character of Certificates.*—They can only be made after a personal examination of the party alleged to be insane, and must be according to forms prescribed by the State Commissioners in Lunacy. The facts upon which the opinion of the medical man is based must be stated in the certificate and all duly certified under oath.

*Approval of Certificates.*—All certificates must be approved by a judge or a justice of a court of record of the county or district in which the alleged lunatic resides, and no person can be held in confinement for more than five days without such approval.

*Proofs.*—Before approving or disapproving of certificates of lunacy, the judge or justice may institute inquiry, take testimony as to any alleged lunacy, and in his discretion call a jury in each case to determine the question of lunacy.

COMMENTS.—It will be observed that upon the matter of certificates the British and New York statutes agree in main essential points. In New York, the law gives three days more for making out certificates and getting a patient to the asylum; makes three years practice essential in an examiner in lunacy; while the English law specifies no time. The English law extends the list of those who are excluded by interest or relationship from making out certificates. The English law prescribes more specifically how the facts observed and acquired from others, and upon which opinion is based, shall be set forth in the certificate. The English law simply requires the approval of the certificate by a Commissioner in Lunacy, and fourteen days are allowed for correcting defects, while in New York, the Commissioner in Lunacy only prescribes the form of certificate, while its approval must be by a judge or justice of a court of record in the judicial district where the alleged lunatic resided, and must be done within five days: furthermore, New York provides the still greater safeguard that before approving the certificate, a jury may be impaneled on the option of the court.

There is this further guarantee in the New York statute:—If any insane person, or any friend in his behalf, is dissatisfied with any decision or order of any county or special county judge, surrogate, judge of Superior Court, or Court of Common Pleas, or police magistrate, he may take an appeal, within three days, to the Supreme Court, who shall stay proceeding and forthwith call a jury to decide upon the facts of lunacy. The court shall, in making investigation, call at least two respectable physicians, and if the jury find the person sane, the justice shall discharge him or otherwise confirm the order sending to the asylum.

Thus it will be observed that while the legal processes are simple and unobstructive, they nevertheless amply

guard the rights of the individual, and in New York more especially place the whole, at every step, under judicial protection, though the intent of the law is evidently to rest the determination of the actual question of insanity upon medical authority.

Since the law of 1874 went into operation, over sixteen hundred patients have been admitted into the Asylum at Utica, and I have reason to know that the approval of judges is not a mere ministerial act. The defects in certificates have been mainly failures by the medical examiners to give sufficient detail of the facts upon which they have based their opinions.\* During the four years of the operation of the law, about two and one-half per cent of the certificates have included as insane, cases of intemperance with violence and peculiarities, of hysteria, and of meningitis. During the four years previous, about three per cent of the admissions were of this same class.

As evidence of the good faith of medical men, and the integrity of public officers, and friends seeking admission for patients at private charge, I can state that in an experience of twenty-eight years and the reception of ten thousand patients, there have been but three attempts to get persons into the asylum under improper motives, two public and one private. The other cases, admitted and discharged not insane, were of the classes already mentioned and criminals who had either successfully feigned insanity, or been acquitted by juries on the ground of insanity.

---

\* As this paper goes to press, a certificate is received at the Utica Asylum, with the following endorsement:—"Not Approved. This certificate is entirely insufficient in form. The facts indicating the insanity, must be stated and should (in the true spirit of the law) be stated in such detail as to show upon the face and mere statement, that the patient is insane. A perusal of the certificate will show that the examining physician has already stated his opinion,—he should also state his reasons for such opinion. They should be so particularly stated as to convince another reading them, that his opinion is well founded and correct."



Why should the law authorize the courts to approve practitioners generally as medical examiners, instead of constituting a small board of expert examiners?

*First*,—The qualifications are expressly set forth in the law, and all medical men who possess them should be equally entitled to be made medical examiners.

*Second*,—This permits the family physician, who is necessarily conversant with the facts of the case, to act as an examiner and to name to the family a second examiner. It thus preserves the rule in regard to consultants, and gives the liberty to any family to say what physicians shall be brought within its confidence.

*Third*,—If the public officer, or court designated only a few examiners, those might be appointed in whom neither the family, nor the family physician, had confidence, and a speculative class would be likely to seek and secure the appointments, and the office of examiner might soon become one of mere political reward, which the best men in the profession would avoid.

*Fourth*,—In the sparsely settled districts, unless general practitioners were selected, great expense would ensue from the examiners having to go long distances, or the alleged lunatic being transported to their offices.

*Fifth*,—An alleged insane person should always be examined at home under ordinary surroundings, with as little unnecessary official show, excitement, parade or exposure as possible, and the privacy of families and family affairs should be as carefully kept as in any other disease. All this will be better secured where the family physician and *confreere* are employed.

#### COMMITMENT OF THE INSANE.

##### ENGLAND.

*Commitment*.—An order, a statement and the medical certificate already mentioned are required.

##### NEW YORK.

*Commitment*.—An order, a statement recorded in the case-books of the institution, and two medical cer-

## ENGLAND.

Pauper lunatics are sent to asylums upon the order of the parish relieving-officer, acting with a clergyman or justice, accompanied by the certificate of a physician, surgeon or apothecary, and a statement which is to be filled out with exactness in the form of answers to questions, embracing the history of the patient.

Private patients are admitted on an order signed by a relative, friend or some person authorizing them to be placed under restraint, and the person signing the order must have seen the patient within one month of its date, and this person becomes responsible for the payment of the expenses of the patient while in the asylum. This order is in the form of a written request, and must be accompanied by a statement similar to that required in the case of paupers, and two medical certificates.

Chancery patients are committed on "an order signed by the committee appointed by the Lord Chancellor, and having an office copy of such appointment annexed."

Criminal lunatics are committed under order of the courts.

## NEW YORK.

certificates are required for public patients, and a bond in place of the order for private patients.

Pauper patients are admitted on an order of the Superintendent of the Poor, of the County in which the patient resides, accompanied by the two medical certificates already mentioned. State paupers are committed with certificates on an order of the Secretary of the Board of State Charities.

Indigent persons, who are in such limited circumstances that they can not "support themselves and their families under the visitation of insanity," are committed under the order of the County Judge after proof of indigence, and that the insanity is not over a year's duration, accompanied by two medical certificates.

Violent and dangerous insane, whom their friends neglect to confine, are also sent by the county judges, with two certificates. Criminal insane are committed by order of the courts.

Private patients are admitted on a bond, executed by responsible parties, for their maintenance, and accompanied by two medical certificates.

A statement and history of all public and private patients, in all institutions, must be recorded in the case-books within three days after admission.

In county and municipal institutions for pauper insane, the commitments are under special Acts, which include commitment by local commissioners of charities and corrections, police justices, and other municipal authorities, but in all cases the two medical certificates, judicially approved, are required.

COMMENTS.—It will be observed that in England, judicial authority is not invoked in commitment of any of the insane, and that private patients may be confined on an order, signed by any one, whether that person be a friend, relative, or even an entire stranger, and that a month may elapse between the time of this person seeing the alleged insane person, and granting the order for his admission, and that for pauper insane but one certificate is required. It is evident, that the guarantees, both for private and pauper patients, are greater under the New York statutes, than under the English.

#### SUPERVISION AND VISITATION.

##### ENGLAND.

*Supervision.*—The officers charged with this duty are Masters in Lunacy, Commissioners in Lunacy, Visitors and Borough officers. There are two Masters (with salary) in lunacy who act as judges in all proceedings under the writ *de lunatico inquirendo*, who are barristers of ten years, or sergeants-at-arms, and are appointed by the Lord Chancellor.

There are six Commissioners in Lunacy, (with salary); three medical men and three barristers, who act as visiting commissioners; there are also six commissioners, non-visiting, and these latter are unpaid. Commissioners must have been in medical or legal practice five years. The board grant licenses to corporations or private individuals to open asylums, visit and regulate asylums, report to the Lord Chancellor their condition, conduct and management, and all matters connected with the certified lunatics in England and Wales. They visit all licensed houses within the limits of certain territory, (four of these visits are made conjointly by a medical and legal

##### NEW YORK.

*Supervision.*—The officers charged with this duty in New York, are the State Commissioner in Lunacy, the State Board of Charities, Boards of Managers, Municipal Boards, and Commissioners appointed from time to time in special cases under courts.

Special commissioners are appointed by the Supreme Court, as the exigency arises in cases of writ *de lunatico inquirendo*.

The Governor of the State has the power also to appoint at any time a special committee of visitation and examination.

The State Commissioner in Lunacy (with salary), is appointed by the Senate, on nomination by the Governor, and is charged with the visitation of all asylums, public and private, and is authorized to inquire into their management and conduct, and report annually to the Legislature, and to make investigations into any alleged negligence or improper treatment of the insane, and in the name of the people of the State to issue an order for the remedy of any negligence, improper treatment or provision, and to report

## ENGLAND.

commissioner, and two by a legal commissioner,) and see all the inmates and examine as to the number admitted, discharged, died, etc. Their jurisdiction is London and Westminster, and county of Middlesex, and borough of Southwark and certain places of counties Surrey, Kent, Essex and "every other place within the distance of seven miles from any other part of London, Westminster or Southwark."

All other houses or asylums are visited by Commissioners nominated annually in each borough, consisting of three or more justices, who act gratuitously, and one or more medical men who receive remuneration. Three, one a medical man, visit four times a year, and two other visits must be made by one or more of these commissioners, with two visits of supervision by a barrister and medical man.

Two or more of the commissioners are empowered to visit all work-houses and jails where lunatics are confined.

*Lord Chancellor's Visitors.*—These are three, consisting of one legal and two medical visitors; they are required to visit all chancery patients in asylums as well as those in private dwellings, all being under their jurisdiction.

In the Parliamentary report of the select committee, Dr. C. Lockhart Robertson presents the following tabulation, showing amount of visitations of private lunatics (not paupers) by chancery visitors and commissioners:

*The Statement.*

I. Chancery Visitors: Patients in asylums, one visit yearly; patients in private dwellings, four visits yearly.

## NEW YORK.

to the Supreme Court for relief if the order is disobeyed or negligently executed.

He also visits all chronic lunatics in the custody of the county asylums organized under a license from the Board of State Charities, and those confined in municipal and city asylums, on all of which he reports annually to the Legislature.

The State Board of Charities consists of eight members, one from each judicial district, appointed by the Senate upon nomination of the Governor, and, excepting the Secretary, serve without pay. They are empowered to visit and examine into the condition of all charities of the State and all institutions, public or private, where insane are under treatment or in custody, to inquire into their government and management in all respects and the condition and treatment of patients.

Boards of Managers are appointed by the Senate, on nomination of the Governor, and have entire control and direction of State asylums and appoint the chief officers, establish by-laws, rules and regulations. A Board is appointed for each institution, the members of which act without pay. A majority is required to visit the asylums once a quarter, and the whole Board once a year. They have the power to regulate the admission and discharge of patients, and control and direct the entire financial affairs, and are required to report annually to the Legislature, within fifteen days after the opening of the session. These boards consist of eight or more members in each.

The municipal boards are local boards created under laws authorizing the organization of municipal and county asylums, over which they have full power of visitation and control.



## ENGLAND.

II. English Commissioners in Lunacy: Metropolitan licensed houses, six visits yearly; provincial licensed houses, two visits yearly; lunatic hospitals, one visit yearly; patients in private dwellings, one visit yearly; (not chancery lunatics.)

III. Scotch Commissioners in Lunacy: Patients in asylums, two visits yearly; patients in private dwellings, one visit yearly.

*Licenses.*—Persons or corporations desiring to take out licenses to open and carry on asylums, large or small, must make applications to the board at least fourteen days before a stated meeting of the Commissioners. This must state the number of patients, the sex and the arrangements for separation, must give the place of the house, number and size of rooms, and quantity of land attached, and whether for public or private patients.

## NEW YORK.

*Licenses.*—The State Commissioner is authorized to license private asylums, and every application must be accompanied by plans of the premises, a description of the buildings, the extent and location of the grounds, the number of patients of each sex proposed to be accommodated, and after a personal examination of the premises, if he finds them suitable, he may grant the license.

The State Board of Charities have power to grant licenses to counties to erect and organize asylums for the chronic insane, and to fix the rules and regulations for their government, and to withdraw the licenses if they are not properly conducted.

COMMENTS.—It will be observed that under the English and New York statutes, there are visiting, controlling and local boards, with varied functions and duties similar in character, and so constituted as to embrace all the interests, requirements and rights of the public and individual, growing out of the establishment of institutions for the insane of every grade and character, and securing the personal liberty of those committed to them as far as the conditions arising in the disease will justify.

In a recent report of a special Parliamentary committee on lunacy laws, a printed quarto of six hundred pages, a large number of prominent men were examined; at the conclusion Rt. Hon., The Earl of Shaftesbury, who has been on the English Lunacy Commission nearly fifty years, and permanent chairman since 1845,

who was also member of the first committee of inquiry in 1828, and who had, by permission of the House of Lords, been attending this investigation, gave his views at great length. He stated: "I cannot recollect a single instance in which a patient has been brought into an asylum in whose case there was not sufficient grounds for saying that he was the proper subject for care and treatment. I can hardly recollect a single instance. I see by referring to the evidence which has been given before your honorable committee that such is the testimony of every man of experience who has been consulted on the matter." To the question, "At the same time there is a feeling which has been expressed not only generally but by witnesses before the committee, that a large number of persons are admitted into asylums in a state of sanity and kept there?" he replied, "I have no doubt those statements would be made, because I never knew the case of a patient, either under confinement or after confinement, who did not say that he had been most unjustly confined. I hardly know an instance." Question: "At any rate it is your lordship's opinion that the admission into an asylum is now sufficiently guarded?" Ans. "I think so." Ques. "Would you say the same with regard to their detention there; is it not the case that they are sometimes kept there longer than is necessary?" "I don't think they are so now." And he adds; "It is a very great responsibility, to send out a patient upon the world both with respect to the patient himself, and in respect of society, before you are satisfied that he is cured, or, at any rate, in such a state that he can be safely trusted."

When Governor Hoffman, of New York, in 1874, appointed General Francis C. Barlow, then Attorney General of the State, Dr. Thomas Hun, of Albany, and M. B.

Anderson, LL. D., President of Rochester University, a committee to examine into all institutions, public and private; they reported that no persons were improperly confined in the State, and no cases have since been reported either by the State Commissioner in Lunacy, or the State Board of Charities. Such facts go to show the efficiency of the law and the fidelity of the medical profession to the principles of science and humanity.

#### DISCHARGE OF THE INSANE.

##### ENGLAND.

*Discharge of Patients.*—Private patients are discharged from any licensed house or hospital by the direction, in writing, of the person who signed the order of admission. If such person be dead, absent or insane, then the husband or the wife, the father, the mother, then the nearest of kin, or finally the person who made the last payment of account, may successively have power to give such order, and if there be no relative, friend or qualified person thus required to act to make the order, then the commissioners may direct the discharge as they see fit.

In the case of pauper patients the guardians of any parish or union, or an officiating clergyman of any parish not under guardians, with one overseer or any two justices of the county or borough may, in writing, direct the discharge or removal, provided they are not certified in writing as dangerous or unfit to be at large, by the medical officer in charge, of any pauper insane patient. Any two or more of the commissioners may discharge any pauper patient from houses licensed by themselves, after two visits, with seven days intervening, if such patient is detained without sufficient

##### NEW YORK.

Private patients are discharged by the Managers of asylums, or may be removed by the persons executing the bond upon which they are received. Those who have been committed upon a warrant of a judge as dangerous to be at large, may be discharged upon the order of a justice of the Supreme Court, or if recovered may be discharged by the Board of Managers upon the Superintendent's certificate of recovery. Indigent patients are discharged by the managers upon recovery, and if not recovered in two years are liable to be removed after notification to the county judge, and they may also be discharged to the county authorities or friends by the board of managers. They may also be removed by their friends, though uncured, at any time before the expiration of two years, on presentation of a certified copy of a bond with sureties, approved by the County Judge of the county from which the patients were sent, the bond being filed in the county clerk's office. This bond must guarantee "the peaceable behavior, safe custody and comfortable maintenance without further public charge" of the lunatic so removed.

## ENGLAND.

cause; and for like reasons two commissioners, one a physician, may discharge any pauper patient from houses licensed by justices, but in all cases the medical attendant of the house or hospital shall be examined, if he desires to be, upon the subject before the discharge, and his statement shall be in writing and recorded.

No lunatic, certified to be dangerous, can be removed from any house or hospital, without first obtaining the consent of the Commissioners and Visitors.

Criminal insane are discharged by the courts, after due investigation.

## NEW YORK.

The managers, on the superintendent's certificate of complete recovery, may discharge the pauper patient, and whether admitted as dangerous or not, "upon the superintendent's certificate that he or she is harmless and will probably continue so, and is not likely to be improved by further treatment in the asylum." They may discharge any such patient to their friends upon the same guarantee as to safety, maintenance, &c., as mentioned in regard to indigent patients.

*Criminal Insane.*—A patient of the criminally insane class can only be discharged by an order of a justice of the Supreme Court, or a Circuit Judge, if upon due investigation it shall appear safe, legal and right to make such order.

*Municipal and County Asylums.*—In the counties of New York and Kings the County Commissioners of Charities having charge, discharge, but only on "the certificate in writing of the physician thereof, which certificate shall be filed and kept in said asylum, stating that such discharge is safe and proper."

No insane person can be discharged from any poor house or county asylum (excepting New York and Kings) except upon an order of a county judge or justice of the Supreme Court, "founded upon satisfactory evidence that it is safe, legal and right to make such discharge." Any other person or officer making such a discharge commits a misdemeanor and is punishable by a fine of not more than \$500 or less than \$100, in the discretion of the court.

COMMENTS.—In England and America, the provisions for the discharge of the insane are essentially the same. As in the initiatory proceedings for confinement, the



responsibility is mainly thrown upon the medical profession, so also is the responsibility of discharge. In the discharge of pauper patients there is no practical difference in the two countries. In respect to private patients, the statutes of New York are more simple and practically effective. In New York the managers of each asylum have the power to discharge without formality, and even without the assent of the relations or guardians, while in England the consent of the person who signed the request or order for admission must first be obtained, or his successor, which may cause delay, annoyance, or even work to the detriment of the patient. Indeed the parliamentary report spoken of, shows that the institutions have frequently to invoke the influence, and sometimes the official power of the commissioners to compel the removal of private patients. In New York the bond, or as termed by the English law, the order, on which private patients are admitted, provides for discharge "whenever he shall be required to be removed by the managers or superintendent," and in case of refusal, for the payment of "all expenses incurred by the managers or superintendents, in sending such patients to his friends." This compulsory provision has had to be enforced, at times, by the managers.

Of course, in both countries the writ of *habeas corpus* stands as an ever-present protection against any possible wrong. This, however, has not been appealed to but three times at the Utica Asylum since my connection with the institution, in 1850,\* and in these three cases the patients were immediately remanded to the Asylum by the courts. The statute of New York provides against any probability of unnecessary or improper detention of private patients, under any circumstances, as it makes the delivery of the patient, by the officers, to the friends, a mere matter of request at any time, as the friends are

---

\* Since that time there have been admitted 10,600 patients.

not even put to the slight inconvenience of making a formal order in writing, as in the English law, and the managers may discharge summarily.

Since writing the above, the State Commissioner in Lunacy, Dr. John Ordronaux, has brought out a very valuable work, entitled "Commentaries on the Lunacy Laws of New York, and on the Judicial aspects of Insanity at Common Law, and in Equity, including Procedure in England and the United States." He announces as the result of his observations and experience as a Lunacy Commissioner, of his studies in revision of the laws, and of his examination of institutions, that:—

"In the organization also, and management of our asylums, and the provisions made for the care of the pauper and indigent insane, this State has made great progress; and lastly, in establishing a system of supervision of its insane wards, it has completed its guardianship of all departments of its public charities.

"To unfold, therefore, the reason of the laws governing the civil and criminal status of the insane, has been the object to which I have addressed myself in these commentaries. They are designed to cover, not only the Revised Statutes of New York, but the whole field of those decisions in law and equity, which give rise to some of the most difficult questions in jurisprudence. And inasmuch as they would be incomplete as a manual, without some discussion of the practical methods of enforcing these laws, I have added a chapter on Procedure; prefacing the whole work with a digest of adjudicated principles in the Jurisprudence of insanity, together with a synoptical sketch of the development of our statute law, herein, in the form of a History of Lunacy Legislation in England and the United States."

# MEDICAL EVIDENCE IN COURTS OF LAW.\*

---

BY DANIEL CLARK, M. D.,

Superintendent of the Asylum for the Insane, Toronto, Ontario.

---

Any one, who has paid even a superficial attention to medical evidence given in courts of law, must have noticed, from time to time, how easily medical witnesses can be procured to give evidence on both sides of a case. It matters not how clear may be the merits of the question, nor how little ground exists for difference of opinion, yet, medical men are found who will give positive testimony on either side, at the shortest notice, and on very flimsy premises. Lawyers take advantage of such conflict of opinion, and set up one medical man against another, until both judge and jury value the evidence by the reputed credibility and professional standing of each, and virtually neutralize the evidence of all by a system of offsets. This only refers to medical opinions, for in respect to facts, all witnesses—lay or professional—stand on common ground, and state what are matters of observation, “without note or comment.” It is true, medical science gives room for great differences of opinion, seeing it has not the exactness of mathematics. Herein lies the error in dogmatizing on much which is so obscure. Many of these varieties of opinion arise from a vain endeavor to explain everything connected with causes of litigation. In the presence of a court and the assembled multitude it may not be pleasant to pronounce our ignorance; yet, in the endeavor to give answers hedged round with vain

---

\* Read before the Canada Medical Association, at Hamilton, Ontario, September 12th, 1878.

hypotheses of all kinds, the medical witness is apt to have unpleasantly forced upon him a display of how little he knows under a cross-examination, and thus what would have been received as competent testimony, if it had been confined to sure opinion, is marred and rendered subject to doubt by the witness pretending to know too much. In the plethora of opinion lies one reason for so much contradictory evidence. It is well never to say more than the question covers, and to be guarded in even doing that, if the interrogation happens not to be relevant to the case at issue.

Another reason is in supposing ourselves as being witnesses for one side only, because we happen to be subpoenaed by one of the parties. The prosecutor or defendant, who calls a medical man, expects him to give *ex parte* evidence. He is paid a miserable pittance to cover railway and hotel expenses; is his testimony not bought and paid for, to be used on the disburser's behalf? This feeling, often involuntary, gets hold of the witness, and, immediately the examination begins, he is on the alert against the wiles of the opposite lawyer, and often unconsciously is put upon the defensive to the injury of the truth. We have all felt this tendency. This position is not intentional, but the badgering of an indiscreet lawyer, may drive a medical witness to defend opinions which may give a coloring to a case not intended at the outset. This bias has to be guarded against. The witness is in court to tell *all*, and *only* the truth, as far as in him lies. It is not for him to think of the result, consequent thereon, to any party. In giving evidence it is not safe to weigh what will be the consequences flowing from its acceptance. "Let justice be done though the heavens fall." Unfortunately medical witnesses, giving opinions based on experience, are looked upon with suspicion by the courts.



J. H. Balfour-Browne, in the last edition of "The Medical Jurisprudence of Insanity," says: "That medical testimony, when received, should be received as of very *inferior worth*." Medical witnesses are said to be "rash," and "to have expressed crude generalizations with an imperturbable effrontery," and that alienist physicians ask to be believed, "with an implicit faith, which is only compatible with the grossest ignorance; lawyers should assert the utter uselessness of the evidence of scientific witnesses in relation to questions of insanity." Lord Campbell says that "hardly any weight should be given to the evidence of skilled witnesses." Judge Davis declares in cases of insanity, "men of good common sense would give opinions worth more than that of all the experts in the country." A book might be filled with such choice quotations. If those who have made this branch of medical research a life long study, are such ignorant and unreliable witnesses, what shall be said of the intelligent thousands and tens of thousands in general practice?

It is also to be remembered, in cases of damage for malpractice, that each surgeon may have a mode of treatment distinct from any other, but sufficiently practical to be approved of in general practice, by any intelligent physician or surgeon. This treatment may be denounced by some one who is not able, from experience, to test its value, and an unlettered jury may decide the merits of the case in its professional aspects, by considering one method as only worthy of consideration, and give a verdict accordingly, to the astonishment of those best capable of judging. Next to the inscrutable ways of Providence stand the verdicts of juries, in their uncertainty and unforeseen results. This selection, by non-professional men, of one method of treatment, to the exclusion of all others, has been seen by me on several

occasions. At one time the prosecution was because of a shortened femur, and the merits of the double inclined plane or a straight splint, were decided by a jury selected from one of the back townships. Another was decided in favor of a flap operation as against a circular, the jury being composed mostly of farmers, fresh from the harvest field. Not long since I attended a trial in this city and the jury were treated to clinics on the *dura mater*, *arachnoid*, *pia mater* and their blood vessels. They understood the merits of the case, after several hours of medical dissertations, as much as if the Crown Council had given an address in Choctaw. I envied one juryman who slept soundly through it all, except when elbowed by a neighbor.

Antagonisms unhappily existing among medical men lead to conflict of opinion. A case comes from a village, a town, or even a city. Observation teaches that the smaller the area from which such evidence is drawn, the stronger are the contentions in the locality, and the more likely does it become that sides are taken before the suit goes to court. It is a matter of every day experience that in a majority of cases, such a locality will furnish medical evidence for prosecutor and defendant. The reasons already given may have something to do with this diversity of conception. I fear unfriendly feelings, of a professional nature, must sometimes be taken into account. To the honor of our profession it is seldom that false testimony is given from motives of revenge. Animosity against a professional brother seldom reaches perjury, yet, a love of establishing proof on a different basis from that of a rival, often leads to false conclusions, not intended by the witness. If this itching for novelty leads to wrong impressions, they are still farther intensified by ambiguity, which may be caused by unnecessary economy of words, or

by the other extreme of profuseness of illustration, not conducive to perspicuity. Such being the case, a court refuses to reconcile contradictions among those who are supposed to know the merits of the case.

The late Lord Campbell said to three intelligent physicians, "you may go home to your patients, and be more usefully employed there than you have been here!" An equally learned judge said of another doctor, who was well qualified to give good evidence, "you might as well have staid at home and attended your patients." A Vice Chancellor of the Empire stated "that his experience taught him there were very few cases of insanity, in which any good came from the examination of medical witnesses. Their evidence sometimes adorned a case, and gave rise to very agreeable and interesting scientific discussions; but, after all, it had little or no weight with a jury." All judges do not sneer in the same manner, nor indulge in irony and sarcasm at the expense of the medical profession, but the weight given to a physician's or a surgeon's testimony is not commensurate with his capability to give intelligent and experienced medical opinions. I can see, however, indications of a better understanding between medicine and law. The study of the obsolete is giving place to the practical, and metaphysical distinctions, to pathological conditions, in considering many of the exciting causes of human conduct, coming under the head of jurisprudence. It will be seen how medicine and law are considered from different stand-points, and as a consequence the conclusions are diametrically opposite to one another. Medicine holds that all insane persons are afflicted with bodily disease. Law says this is not always the case. Medicine draws a necessary line between idiocy and insanity—the one being congenital, and the other pathological. Law says they are

one. Medicine declares that insanity, being a morbid state, no layman can properly pronounce judgment upon a patient's condition, nor in respect to facts that rise therefrom. Law asserts that a jury can, and should decide on the mental condition of the insane, based upon personal observation, just as an ignorant man would pronounce on the kind of disease a person had, from appearances alone. Medicine can show from living examples that the sense of right and wrong, the possession of delusions, and many other tests propounded by the disciples of Coke and Blackstone, can have no value to discover insanity, when taken alone, for many insane have a keen sense of the former, and many not insane are troubled with the latter. Law says possession of the first is evidence of a sound mind, but the presence of the other shows insanity. Medicine extends the hand of charity to the mentally diseased, and asks that such be kept in durance for the purpose of cure or safety to themselves or others. Law applies its iron-clad tests, and punishes all who can not pass the crucial ordeal. Medicine seeks after causes of action. Law deals out justice on the ground-work of appearances. Experts are called into court to testify in cases requiring the special aid of knowledge in chemistry, mechanics, or any other branch of science and art, and such testimony is accepted in its entirety; but medical men who make a special study of mental diseases, must have their opinions measured by the mental capacity of twelve jurymen, or worse still, by the dicta of judges, who accept rules laid down a century ago, when medical research was still in its infancy. Germany, France, and many of the States of the Union have accepted the medical basis of proof. It is expected that the British and Canadian courts will not ignore a system, that in every day practice will be found to be none



the less effective in punishing the guilty, while it will save many a poor wretch from the infliction of a punishment which he had not deserved, as an irresponsible being, any more than a child unborn.

Judge Doe, of New Hampshire, in addressing the jury, *State vs. Pike*, says:

"The legal profession, in profound ignorance of mental disease, have assailed the superintendents of asylums, who knew all that was known on the subject, and to whom the world owes an incalculable debt, as visionary theorists or sentimental philosophers, attempting to overthrow settled principles of law; whereas, in fact, the legal profession were invading the province of medicine, and attempting to install old, exploded medical theories, in the place of facts established in the progress of scientific knowledge. The invading party will escape from a false position, when it withdraws into its own territory, and the administration of justice will avoid discredit when the controversy is thus brought to an end."

Judge Wharton, in his work on "*Criminal Law*," says:

"No jurymen, if properly tender of his conscience and of public opinion, will base his verdict upon other evidence than that of those best able, from long training, and close attention, to understand the features of the case. In some cases the difference between a scientific, or technical opinion, and that of a layman, is not so much in the results attained, as in the guarantee afforded by the superior attainments and more minute expertness of a man of science. The declaration of such a man is insured against the possibility of error to the full extent of the protection of science in its present state of development. *Pro foro*, this degree of certainty is sufficient, because it is the highest attainable; but, the same can not be said of any other."

I make these few general observations to show that our position in court would be much improved did caution, consistency, discretion, good judgment and candor prevail to a greater extent among ourselves. This would more readily be the case were all medical

men, who might be subpœnaed upon a case, to meet together before being called as witnesses and in a calm, judicial way, discuss the different medical points bearing upon the approaching trial, and then go into the witness box, not as partisans "coached" for the occasion by counsel, but as unbiased witnesses, who "nothing extenuate nor set down aught in malice." These qualities are needed very much in the witness who gives evidence in cases of insanity. In most of such cases found on the criminal docket the disease is obscure, and to "make haste slowly" is very necessary, that judgment may be just. The defendant may be a malingerer or a monomaniac, who cunningly hides his peculiarities, as many of them do. Such may be afflicted with melancholia, giving intelligent answers to questions, yet possessing homicidal or suicidal tendencies. The medical witness is often asked to give an opinion of the mental condition of such a person after a few minutes observation and conversation, or at most after one or two interviews of short duration. There would be no difficulty in doing this were a patient maniacal and indulging in all kinds of "fantastic tricks," but any one who has passed through the wards of an asylum knows that a very large proportion of the patients are not of this class. Visitors and grand juries often mistake patients for attendants, and *vice versa*. A few weeks ago an intelligent banker of Toronto wrote to me a letter beginning with these words: "The *housekeeper* mentioned to me yesterday." He had been a visitor to the ward every few days for weeks to see a sick friend; yet he mistook one of the most cunning patients in the ward for the housekeeper, and had been consulting him about matters connected with the patients. He was somewhat astonished when told that the *housekeeper* was at times one of the most intract-

able patients in the ward. A short time ago one of our city lawyers, who prides himself on his power to read almost intuitively the hieroglyphics of character, and who, in his own estimation, could tell an insane person at sight, mistook one of my clinical assistants for a lunatic, and commiserated him on his unfortunate condition. He afterwards came to me for information about "the poor fellow," as he had taken a deep interest in his forlorn and apparently hopeless condition. His pride had a fall when the truth came out. A prominent government official, not long since, mistook one of my most intelligent-looking attendants for a patient. I am prepared at any time to select say twenty-four intelligent attendants or citizens, and twenty-four patients out of Toronto Asylum, and present them to any court of law before our most eminent judges, lawyers and jurymen. They will be allowed to make the same superficial examination which is often accorded to medical men in similar circumstances. The selection of patients shall be made from paretics in the early stage of the disease, from those afflicted with remittent insanity, from the melancholy and taciturn, and from monomaniacs. The judgment given of the mental condition found in each case, by such an intelligent and acute Board of Examiners, would show in a comical light what a travesty of justice it is to ask, even an expert, to give an opinion of mental unsoundness, or sanity, after a cursory examination of a prisoner. About a year and a half ago I was called to attend the assizes in a neighboring county and asked to decide in a few hours the *mental status* of a prisoner, who had attempted to take the life of his neighbor by shooting him. The houses of the two parties were near together, being situated on opposite sides of a country road. The prisoner cut a hole in the gable end of his house, and being a bachelor living

alone, no one saw him cut the hole or shoot. He shot twice at his neighbor, the last shot taking effect in his lung, but not fatally. Every one of the prisoner's acquaintance, lay and medical, thought him eccentric, but perfectly sane. The first two interviews I had with him, I was led to suppose the same. He could talk intelligently on every topic of conversation that was introduced, but would give no reason at first for the attempted homicide. At the last interview I had with him we began to discuss religious matters. Suddenly he asserted with great solemnity, and with a request to keep it a secret, that he was more than human. I suggested that possibly he might be God in human form. He asserted that I had found out the truth. He was omnipotent, and consequently could do what he wished. He had often lived sixty days at a time without food, to show that Christ's fasting of forty days was not a miracle. When he got out of gaol he intended to fast a year. He had been shot at with bullets by his enemies as he went along the road, or worked in the fields, but having an immortal body they could not harm him. We were sitting on a bed and I suggested that he might be smothered to death, but he said that he could live without breath. If his head were cut off it would not affect him. He could make himself invisible whenever he pleased. Every one's life was in his hands, and the wife of the man he shot was his by his divine right to her. Here it will be seen that a morbid idea led to the attempt at homicide. Had I not happened to touch the key that opened the door to this chamber of fantasies, these aberrations would not have been developed. I was subpœnaed by the Crown, but the Queen's council knowing that my opinion would be that this man showed evidence of insanity, I was not put in the wit-



ness box. The defence had not sufficient acumen to see that this refusal to examine me by the prosecution was presumptive evidence of my opinion being inimical to the case of the Crown council. The prisoner was treated as a sane man and a criminal. He is now in the Penitentiary Asylum. This case is cited to show the danger of hasty conclusions in cases of insanity, and the difficulties medical men have to contend with when asked to decide the mental condition of a prisoner at a few hours' notice. What shall be said of the jury who must give a verdict based upon conflicting opinions, and not upon personal knowledge of the condition of the accused? Some time ago the Commissioners in Lunacy in Britain wisely recommended to the government that "If, upon the occasion of the trial of an indictment, the plea of insanity be set up, we are disposed to think that the question should be tried and determined by the court after taking medical and other evidence, and not by the common jury to try the facts."

An eminent English expert (Bucknill) says:

"Generally the physician giving evidence can almost say that he paid *two* or *three* visits to the accused, and conversed with him in his *cell* in prison. In case of concealed delusions, or of disease affecting the propensities, no medical man ought to give an opinion on such shallow grounds. I am not ashamed, he continues to say, to acknowledge that I have observed patients *daily* for *several weeks* without being able to detect existing delusions."

The Court has too high an estimate of the discerning power of the members of the medical profession. It must be remembered that there is no well-defined line between sanity and insanity. No man can tell where the one begins and the other ends. That belongs to omniscience, for we can only infer from manifestations what are the pathological conditions of the brain, and mental disturbance consequent therefrom. A witness

should never give a positive opinion in obscure cases, for it must be remembered that while it is unjust to punish an irresponsible person who breaks the law, it is also not desirable that a cunning scoundrel should escape the just penalty of his crimes under a false plea sustained by medical evidence. We are not allowed to state as to a man's responsibility. The Court decides that important point. Here lies a wide gulf between law and medicine, and, because of its existence, truth has suffered. No formula can cover all the phases of insanity, nor can a measure be found that is sufficiently accurate to map out the boundaries of responsibility, and say to it "hither shalt thou come and no farther." All the conditions, physical and mental, of each individual must be known before the springs of action can be gauged with certainty in the shadowy borderland of insanity. "Is there insanity?" asks the Court of the medical witness. "Is he responsible?" is an enigma for the judge and jury to solve.

Bucknill, in his monograph on Lunacy, quotes a vigorous writer in the London *Times* on this point:

"Nothing can be more slightly defined than the line of demarkation between sanity and insanity. Physicians and lawyers have vexed themselves with attempts at definition in a case where definition is impossible. There has never yet been given to the world anything in the shape of a formula upon this subject, which may not be torn to shreds in five minutes by any ordinary logician."

Make the definition too narrow, it becomes meaningless; make it too wide, the whole human race are involved in the drag-net. In strictness, we are all mad when we give way to passion, to prejudice, to vice, to vanity; but if all the passionate, prejudiced, vicious, and vain people in this world are to be locked up as lunatics, who is to keep the key of the asylum? As was very fairly observed, however, by a learned Baron

of Exchequer, when he was pressed by this argument, if we are all mad, being all madmen, we must do the best we can under such untoward circumstances. There must be a kind of rough understanding as to the forms of lunacy which can't be tolerated. We will not interfere with the spendthrift, who is flinging his patrimony away upon swindlers, harlots and blacklegs, until he has denuded himself of his possessions and incurred debt. We have nothing to say to his brother madman, the miser, who pinches his belly to swell the balance at his banker's—being seventy-three years of age and without family—but if he refuses to pay taxes, society will not accept his monomania as pleadable at the bar.

Dr. Forbes Winslow, in his "Anatomy of Suicide," says:

"A man may allow his imagination to dwell on an idea, until it acquires an unhealthy ascendancy over his intellect. Surely, if under such circumstances, he were to commit a murder, he ought to be held as a murderer, and would have no more claim to be excused than a man who has voluntarily associated with thieves and murderers until he has lost all sense of right and wrong; and much less than one who has had the misfortune, of being born and bred among such malefactors."

This wide definition could not be of practical benefit, because bias, confirmed habit, hereditary wickedness, oddity and peculiarities, may be normal and the natural out-crop of successive voluntary acts by our progenitors or ourselves. In other words they are not the products of physical or mental disease, and are more or less the inheritance or acquisition of every one. This law of interpretation would include a large number of the insane as responsible beings. There are times in the lives of many lunatics when they not only know right from wrong (the distinctive Shibboleth of so many judges to the present day), but also when they can refrain from

wrong doing, for fear of punishment, as rational beings do in every day life. They can curb the insane impulse by volitions which are within their control. Should they be exempt from penal consequences? The asylums are full of inmates, who for weeks together, are—as far as human knowledge goes—comparatively sane. Their insanity is periodic. In the intermissions of sanity such have full control over all their acts, and are cognizant of their relationship to society. The equilibrium of the mind at such times, as far as we can judge, is maintained, and such are quite capable to transact business, to bear injuries with equanimity, and forbear from any overt acts as any perfectly sane citizen. If at such times, and during such intermissions the individual commits a felony should he be held responsible and punished for his crime? I am well aware that objection may be raised that during these so called “lucid intervals” the mind does not fully recover its normal tonicity. This may be true to some extent in many cases, but if the mind have not all the strength of a totally sane man, in vigorous mental health, it has sufficiently recovered, at these times, to perform all its necessary work in the same manner and within the same control as the great majority of mankind. It is proposed to medical men, in view of these difficulties, to confine the definition of insanity to mean brain disease. In this way the question of responsibility would still remain with the Court. If by disease is meant organic lesion, then would the definition be too limited; for functional derangement will dethrone reason for a time. This is seen in the inhalation of anæsthetics, in drunkenness, in the wild delirium of fever, and in the effects of many other toxical agents. The brain may become affected functionally, because of excitement in one or more distant organs of the body. This is seen in the klepto-



mania of women at certain menstrual periods. The woman who revels in wealth will become a thief at such times, who would revolt at the thought when the frenzy passes away. It is the love of stealing, not the pleasure of possession alone, that prompts the act. We see the same eccentric causes in puerperal mania, at the climacteric of female life, hysterical mania, nymphomania and such like, which may in their initiatory invasion be excitants and the cause of permanent lesion of the brain in the long run, but none can say that the mischief has not begun outside of the brain. Disease of the brain will cover the large majority of insane. Disease of the body, outside the brain, will show an efficient cause in many. The two combined make a good majority in our asylums, but to say that lesion of the brain only is a complete definition of insanity would not be in accordance with experience. *Post mortems* often show extensive adhesions inside the skull, and serious invasion of disease in the substance of the brains of those who have died of other bodily diseases, but sane to the last. Also many an insane person dies and leaves no evidence of mischief in the head. The exciting cause may affect the encephalon from without, or it may be beyond the research of the pathologist, and can not be a basis to support the definition above given. Even if this definition were correct, it would be impossible to state when it existed except by mental and physical manifestations; then why not accept a formula like that of the German Penal Code, viz.: "An act is not punishable when the person at the time of doing it was in a state of unconsciousness, or of disease of mind, by which a free determination of the will was excluded." This does not reject the idea of bodily disease, but it takes the outward manifestation as an indicator of the mischief

within, just as the hands of a watch point out the condition of the machinery within. It is a question of *will not* and *can not*, of voluntary or involuntary action, or, in other words, had the accused in any particular act sufficient mental strength to control his actions at any time he wished, or was he led blindly and irresistibly, from any cause, to conduct unnatural and unusual for him to do? Properly speaking none are absolutely free. Inherited predisposition, educated bias, confirmed habit, hobby-riding, well-fed ambition, and such like, are manacles to impede volition. The free will of a sane man must always be considered in a modified sense, for the ball and chain are hanging at our limbs, as we are paying the penalty for the transgressions of ourselves and ancestors.

The medical witness is to remember, however, that it is not his province to give a general definition of insanity. He is often entrapped into an attempt to do this, in order to give a council an opportunity to hold him and his opinions up to ridicule. He is asked in derision, "what is insanity?" but he can retort by demanding the catechist to define one of the terms of his own question. The discussion of insanity, in the abstract, must be left to essays and text-books. Only facts and legitimate opinions, deduced from them, are asked for to enable the Court to decide for itself, whether they are such as to warrant the plea of insanity on behalf of the person under consideration. The witness is to guard against being led into defining the insanity of any one, as being a want of power to distinguish *right* from *wrong*. True, many insane people have not that discrimination, but on the other hand, a large percentage of lunatics have that power, as fully as the sound in mind. No jurist, who has the slightest experience of insanity, now holds that view, because it

flies in the face of accepted facts. An illustrious race of English judges, for centuries past, and down to this hour, pronounce verdicts based on this inadequate judgment. On examining recent charges to the juries of Canada, I see indications of change of opinion, in this respect, among our judges, which are more in keeping with the truths of modern investigation.

In the Torónto Asylum there is an estimable lady, who is afflicted with religious melancholy. She has made several attempts at suicide. She never loses her sense of "the wickedness of the attempt," as she calls it, but the uncontrollable impulse is too strong for her. On one occasion recently she felt the strong desire coming on, and begged to have the leather muff put on her hands, lest she might be forced otherwise to accomplish her design. The courts would hold her to be an accountable being, seeing the sense of right and wrong had not been extinguished. A powerful mulatto is in the refractory ward, who is constantly persecuted with spirits. He has, intermittently, a longing to kill somebody. He knows it is wrong to even think so, and at these times he asks the supervisor to lock him in his room. According to the interpretations of law, should he commit homicide, he ought to be hanged. In another ward is a patient, who was at one time a prominent writer for the press. He is afflicted with chronic mania, of the most pronounced kind. On a recent occasion he told me that he "felt like wanting to kill" one of the patients, against whom he had taken a dislike. He said he knew it was wrong to think so, but cunningly added, "you know I am crazy so they wouldn't hang me." If, unfortunately, such homicide should take place, he should be hanged according to law. Dozens of such cases could be cited in any of our asylums. Dr. Hammond, a reputed expert on insanity, an extensive

writer on the subject, at one time Surgeon General of the United States Army, and now associate editor of *The Journal of Nervous and Mental Disease*, said recently in a discussion which took place on this subject, at a meeting of the "Medico-Legal Society, of New York," "that he is in favor of punishing insane people, just as he would a tiger who went about destroying people. If a lunatic had a homicidal mania he would hang him."\* He would not only hang *any* and *all* insane people who killed any one, but he would hang them if they had a mania to kill, even were the deed not performed. This would be an effectual way to make vacancies in our asylums, and would remove perplexing problems from courts of law to the scaffold and the grave. I am sure such a brutal idea will never prevail where humanity exists. One of the theories of the transmigration of souls was, that some one died when each mortal was born, and the soul of the dead one was immediately translated to the new-born child. I am afraid no one died when Dr. Hammond was born. I take this charitable view of the author of such a horrible proposal.

There is reason for caution in a witness, when he is asked to acknowledge that peculiarities of mind may mean insanity and irresponsibility. A man may do a great many strange things, and still have perfect soundness of mind. There is no common standard to measure mentality with, analogous to the yard stick and bushel in the British Museum. Each man must be gauged by himself, in his antecedent conduct and individuality, for among all the sons and daughters of Adam, no two are alike in body and mind. No man can be justly tried by a code of laws, which indulges in vague generalities, on the one hand, or which vaunts an absurd, minute classification on the other. What

---

\* *The Journal of Mental and Nervous Diseases*, July 1878, p. 556, *et seq.*



may seem odd in a naturally quiet and reticent man, may be the usual conduct of him who is "boiling over" with exuberance of spirits. The temperament, peculiarity, bias, habit and mode of thought, of each person must be considered in relation to each history. To expect uniformity in humanity, and judge that one man must act like any or every other man, is the greatest absurdity. This want of sameness must forever bar the way to finding a general definition of insanity. The conditions are too multifarious for us ever to prove mental *status*, with formulæ as definite as those of Euclid.

A witness should not allow himself to be led into a trap by having proposed to him one symptom at a time, and then be asked if each of those indicate insanity. Each symptom might not be characteristic in itself, when the aggregate might be conclusive. When details are asked for the witness must guard himself by insisting on their accumulated weight, to enable him to form an opinion. This may not be necessary in acute cases, when the patient's actions speak louder than words, but the sum total of symptoms is of great importance when the indications are obscure. Many times it is impossible to express, in words, the gait, mode of expression, look and general demeanor of an insane person, so as to impress a court with their forcible significance. Take an example of one of many found in any asylum. A person was once tidy in his habits; is now slovenly. He had a firm step; he has now a shuffling gait. He never decorated his person; he now makes a ring of some material for his finger, or ties it in a button-hole. He was not a keen observer of small things; he now notices and picks up pins, nails, straws, bits of glass, or any other small object that may come in his way, placing them in some corner,

in his pocket, or in any other part of his clothing. He may have had distinct utterance; but he has lost that clear enunciation of words and mumbles them out. He was inquisitive, at one time, as to what was going on around him; he may now listen to a recital of stirring events, and take a momentary interest in them; but it is of short duration. He was active and industrious; but he is now lazy. This recital might be extended indefinitely, but, in short, there is a perversion of the patient's whole character. The medical witness sees a case of dementia, yet, each of the symptoms taken *seriatim*, would have no significance, being without salient points, to an unobservant jury, and even the combined catalogue, would have little force or weight in many courts of law. There may be no delusion apparent; there may be a sense of right and wrong. Sharp questionings may elicit correct and intelligent answers, but a number of changes of character, such as I have enumerated, pronounce an unsound mind; or rather that physical disease has instrumentally impeded the healthful exercise of mental vigor. The ancient aphorism holds true amid all the fluctuations of mental philosophy, *i. e.*, "a sane mind in a sane body." The appearances of disease may be faint, when taken in detail, but to a practiced eye, and to a matured judgment, accustomed to study the faintest outcrop of mental aberrations, those peculiarities tell a tale which may have no weight with the unskilled in the protean forms of insanity.

It is sometimes insisted upon that a categorical answer be given to every question put to a witness. It may be impossible truthfully to do this, because of the form in which the interrogation is put. The examiner is well aware of this fact, hence the bait cunningly thrown out to catch the unwary. For example, were it

asked about a patient, "Did he then refrain from speaking nonsense?" Were the answer "yes" it would imply that he had been speaking it, but had ceased to do so. Were the answer "no" it would mean that he had spoken nonsense, and continued to speak in the same strain up to the time under discussion. Neither answer might be true, for if the patient had not spoken at all, as indicated, the fallacy lay in an assumption which had no existence. It would be begging the whole question, and neither a positive nor negative answer could cover the ground. This is only one specimen of a legion of such questions which often perplex beginners, and are propounded with that object in view, and a negative or positive answer demanded with legal pertinacity. When such traps are set and baited with sagacious design, a state of "masterly inactivity" is best, until the questioner goes back to legitimate interrogation. A medical witness should never quote authorities, nor should he be entrapped into endorsing or refuting such, if they should be presented by council for his consideration. No published books on medical subjects are competent witnesses in court; nor is a witness compelled to give an opinion about the views the authors may advance. The writers themselves are the only legitimate persons who can testify to their theories and beliefs. I have often seen witnesses caught in this way, even before the opposing council could put a veto on the irregularity. "Do you agree with Maudsley in his view on this point?" "How does it happen that Bucknill and you differ in this respect?" "Can you give me Tuke's opinions on the subject under discussion?" "In Ray's Jurisprudence such and such theories are advanced, what do you think about them?" "You have read Taylor, will you state what he says about insanity in respect to competent wills, or suicide,

or homicidal mania?" These are specimen interrogations which may be put, but need not be answered. A refusal to do so will be sustained by the Court. If a witness begins to air his medical lore by quoting authors, he may be able to show his possession of a good memory, but he will not contribute any *facts* of which he is cognizant, through giving lectures on the opinions of others.

The most difficult position a medical man can be put in, is when called up to give evidence in cases of contested wills. The capacity of a testator to make a will and the soundness of mind requisite to make a valid one, are often questions of great difficulty. It should be held generally as essential that the testator should have sufficient mental capacity to comprehend perfectly the condition of his property, his relation to the persons who were or might have been the objects of his bounty, the scope and bearings of the provisions of his will, and a memory of an activity sufficient to collect in his mind, without prompting, the particulars or elements of the business to be transacted, and to retain them in his mind for a period sufficient to perceive at least their obvious relations to each other, and to be able to form some rational judgment with relation to them. (*Vide* Rokenbaugh on Testamentary Capacity, *Journal of Nervous and Mental Disease*, July, 1878.) This test will cover all the ground. It does not assert incapacity to eccentric testators, nor those who may be laboring under delusions of facts. Esquirol says: The brain may be affected, but it does not necessarily mean an impairment of the understanding. On the other hand, it was strongly asserted by Lord Brougham, and is now by certain class of thinkers, that *any* insane delusion entirely destroys the mental capacity of a testator to make a competent will. Lord Brougham



tells us that when travelling in the north of Europe he at one time was taking a bath at his hotel. As he came out of it he saw a friend in the room, who at that time had died in India. He says he became insensible immediately afterwards. This apparition was doubtless the premonition of a fit. His lordship would not have agreed to have the rule of incapacity applied to himself on account of this hallucination. Lincoln had many delusions, so say his biographers. Sir Walter Scott was not exempt from them, when he was in the zenith of intellectual vigor. Dr. Johnson heard his dead mother calling out "Samuel." Lord Castlereagh, the brilliant but corrupt statesman, often saw a beautiful child in his chimney corner. Goethe also positively asserts "that on one occasion he saw distinctly his own double"—or himself outside of himself. General Rapp tells us that Bonaparte saw a star of great brilliancy above his head. Napoleon said: "It has never abandoned; I see it on all great occasions; it orders me to go forward; and it is a constant sign of good fortune." Malebranch, Descartes, Luther, Wesley, Knox, Pascal, Loyola, and many of the most remarkable men of the past ages were the victims of all kinds of delusions and illusions. Yet, these children of genius could not be properly called lunatics, even if genius be said to be nearly allied to madness. There is no doubt, in my own mind, that all such deceptions of the intellect or senses often exist without mental aberration being present of sufficient intensity to invalidate a will.

"At the same time in the consideration of every case imbecility, delusions, monomania, or hallucinations, intoxication, lucid intervals, undue influence or fraud, and presumptions arising from the character of the act itself, the age of the testator, and such bodily infirmities as deafness, dumbness or blindness," must be well

weighed in considering testamentary capacity. Eccentricity is said to be the lowest form of insanity. It is seldom, however, that a will is made invalid because of its existence in the testator. In 1861, a wealthy Portugese died in Paris. He left a will with seventy-one codicils. One of which read "I leave for the Athenæum of Paris 10,000 francs, and the half of the interest shall be paid to a professor of natural history, who shall lecture on the colors and patterns of dresses and on the characters of animals." Another was, "My funeral shall take place at 3 P. M., the hour at which the rooks of the Louvre come home to dinner." The will was held to be valid, the Court saying "that these peculiarities were but the absurdities of a vain man." The peculiarities of the eccentric are as varied as are the phases of the mind, and it has been well said by Redford, in his "Treatise on Wills," that "The *eccentric* man is aware of his peculiarity and persists in his course from choice and in defiance of popular sentiment; while the *monomaniac* verily believes he is acting in conformity to the most wise and judicious counsels; and often seems to have lost all control over his voluntary powers, and to be a dupe and victim of some demon like that of Socrates."

Without entering into details, which would need a volume to elucidate fully, it is well in every case to consider whether the aberrations are such as would warrant us to sign a certificate of insanity to commit to an asylum for treatment and safe keeping. If we do not consider such to be safe at large, they are not responsible beings. We should examine as to delusions and ascertain if they are sufficiently strong to warp the judgment and seriously affect the conduct of the individual; or, if they are of such an insulated nature as not to interfere to an appreciable extent with volition,

and are not joined with morbid emotions and sentiments. It is also important to observe if the moral feelings and passions are perverted, if measured by a common standard, or better still by the patient's former temper and character, and if these are sufficiently morbid to affect the power of self-control. The impulsive form of insanity is to be examined with great care, for under its guise real culprits take shelter to avoid just penal consequences. The strongest evidence of its existence should be made manifest to a medical witness before he testifies to the presence of mental disease in such cases. If these cardinal points are kept in view, an aid to intelligent testimony will be the result.

# APHASIA, OR APHASIC INSANITY, WHICH? A MEDICO-LEGAL INQUIRY.\*

---

BY DR. C. H. HUGHES, ST. LOUIS, MO.

---

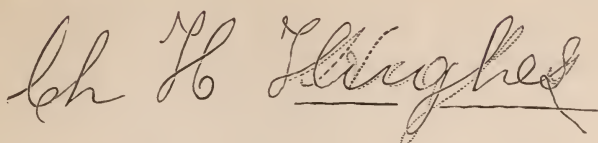
On the 13th day of March, 1873, Mr. Wm. T. Bevin, a few months after the death of his wife, was stricken with right hemiplegia and aphasia. A cardiac valvular lesion preceded the paralysis and is still persistent. At the time of my last examination, February 7, 1876, I found his respirations, without discoverable pulmonary lesion, to be twenty-one per minute, and the heart and wrist pulsations asynchronous, the latter counting as high as one hundred and eight, and the former sometimes ten to eighteen more, per minute. At this time there was incomplete paralysis of motion on the right side and general anæsthesia. He was insensible to the pricking of a pin in both hands and feet. The sublingual temperature, on either side, was 96° F. He correctly and promptly comprehended oral signs, but tardily and imperfectly understood written ones. He soon recognized my name and wrote it for me, with his left hand. He likewise wrote his own name and the surname of his attorney (Mr. Rainey), upon my asking them. An H, written by myself, and an imperfectly erased tracing of my surname, were on the card on which he wrote my name. He first attempted to attach "ughes" to the H, I had written, but afterwards changed his mind and made an H of his own, which

---

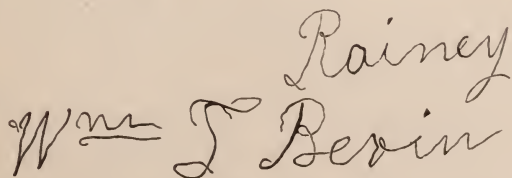
\* Read before the Association of Medical Superintendents of Asylums for the Insane, at Washington, D. C., May 17th, 1878.



accounts for the somewhat disjointed appearance of the word Hughes :


 A handwritten signature in cursive script that reads "Chas H Hughes". The signature is written in dark ink on a light background. The word "Hughes" is underlined with a single horizontal line.

His tongue was clear, but he said he always had a disagreeable taste in his mouth. He either really had, or feigned, defective vision. When the thumb was held up before him, looking with one eye, the other being blind-folded, he would say it was two, and when the thumb and little finger were held up, he would say they were three. I intended making an ophthalmoscopic examination, but before I had opportunity the case came to trial,\* and my testimony not being satisfactory to the family, I did not offer to examine him further. He either had defect of hearing in the left ear, or feigned it. I could not certainly determine which. He signed that he could not hear the ticking of a watch half an inch from his ear, yet he distinctly understood a remark addressed to him by his sister in quite an ordinary tone, at least twelve feet off from him, at the time I was testing his hearing. None of the family spoke to him in a very high tone, as is customary when one is deaf. He repeated the word *nin-nin*, accompanied by a nod of the head, to signify yes and by a horizontal turning to indicate no. When I wrote W. T. Bevin and asked if that was his name, he shook his head and taking the pencil wrote Wm. T. Bevin :


 A handwritten signature in cursive script that reads "Wm T Bevin". The signature is written in dark ink on a light background. Above the main signature, the word "Rainey" is written in a larger, more decorative cursive script.

---

\* William T. Bevin vs. Powell et al. Circuit Court No. 2, October Term, 1878.

He had three paralytic strokes, and was seen by his relatives after each attack. He has grown steadily better, and they now regard him as perfectly rational, but considered him unsound of mind on the fifteenth day of July, 1873, four months after his first seizure, when he signed with his left hand a deed of trust of his portion of some houses he was building jointly with some other parties, and in fulfillment of a promise and purpose, made and entertained prior to his attack. He could not write with his left hand before he was stricken. About the time of, and prior to the signing of this deed of trust, he is said, by some of the members of his family—principally his two sisters and a brother-in-law with whom he lived and is now living—to have done some things which they swore they regarded as evidences of insanity, such as on *one or two occasions* (none of the witnesses testifying to more) bowing to pictures in the parlor, when he knew members of the family were present, and with a pleased, but silly smile on his countenance. Once he is said to have wiped his nose on his napkin, and once or twice, in the early stage of his paralysis, they say he spat on his plate. Once he unbuttoned his drawers when his sister and another lady were in the room. It was said that once, shortly after his first stroke of paralysis, he defecated in bed. Once, he is said to have struck his mother with a stick, though one of his brothers, who swore there would have been no suit if he had got his three per cent commission, as promised for taking his afflicted brother's place in conducting the work, never saw or heard of his bowing to pictures, striking his mother, or unbuttoning his drawers.

Some time in the June following the stroke of paralysis, he recognized and pointed at the picture of the crucifixion, and other objects when asked to point them

out. At this time he could not, the family say—all but one brother—distinguish letters or tell if they were upside down or not, but readily recognized them if their names were called. As early as the first of May, 1873, he could sit in a chair and get about the room. In June he appeared to one of his physicians to be silly, “because he smiled peculiarly” and was exceedingly violent and irritable when the battery was applied. To another of his physicians he appeared demented, though he was able to go unaccompanied in the following November, a long distance to this physician’s office, correctly select and count his money and pay his medical bill, and take and put away carefully a receipt for the same. It was said also that he made grimaces before a glass once or twice, and pulled out his hair, and he ate things, when set before him, that he never ate before. He handled his food with his fingers (he could not use a knife and fork), and his manners and tastes at table were changed in some other respects, he having been formerly very fastidious and precise.

When he first learned to write his name he would make signs to visitors for a slate, write his name for them, and express his pleasure at the accomplishment by a peculiar smile. After the description of his property, mentioned in the deed of trust, was read to him, he pointed in the direction of it and gave an assenting nod, pointing immediately after in the direction of other property not alluded to in the document, and indicating his understanding that it was not included, by the usual turning away of the head indicative of dissent.

He was attended by different physicians during the first attack. The physician who first saw him at the time of his first seizure found him only partially paralyzed on the right side, with consciousness still remaining, and helped him home. In six hours

after this physician saw him, he was hemiplegic and unconscious, and so remained for several days. He commenced to improve in two or three weeks. He was then annoyed by movements about the room and exhibited "not much, but some signs, of intelligence in his countenance." He made signs and efforts to convey ideas, and would mumble unintelligibly in answer to questions and had difficulty of deglutition. He never, at any time, had *delirium, delusion or hallucination*. He recognized Dr. Mudd generally when he visited him. One attending physician thought his mind was impaired, because "there seemed to him to be an absence of the power of expression and clear conception of subjects." This was just after the stroke. This mental confusion was a natural concomitant of the great *commotio cerebri* incident to such a severe, extensive and sudden involvement of a cerebral hemisphere in disease, even though that disease were solely at its base, which was here not the case. He might, at this stage even, have been demented, as he was considered to be, later, by one of his physicians but it could not be the real and permanent dementia which results from general degeneration and destruction of the cerebral cortex, as the improvement which soon began to appear and all the sequelæ—his learning to write with his left hand, recognizing and designating friends, pictures, etc., within four months, conclusively proved.

When we reflect that his hemiplegia embraced one-half of his face, in paralysis, it is not strange that he should have appeared silly and smiled peculiarly in May. His being irritable and violent when the battery was applied at that time, indicates only that the degree of paralysis of sensation has increased since then. It is not strange that he could not distinguish letters or tell if a book or paper were upside down, confusion of



vision being the rule rather than the exception, after hemiplegic strokes. The great length of the *tractus opticus*, and of the optic nerve within the brain, and the manner in which they are supplied with blood vessels, expose the apparatus concerned in sight to great disturbance of function from pressure, etc.; for this reason disturbances of vision are common in morbid conditions of the brain. This patient might have been totally blind from pressure consequent upon the cerebral œdema, which generally follows embolic closure of a vessel in other parts of the brain than the spot primarily implicated in the thrombosis, if we take no account of possible similar, simultaneous closure of other arteries of the brain. We have but to remember how closely related are the nuclei of the two optic nerves, in the *corpora quadrigemina*, to see how easily double impairment of vision may result, at least for a time, from a cause sufficient to engender hemiplegia.

In regard to dementia, which only one of his physicians asserted that he had (Dr. Benkendorf), it is difficult for the practiced alienist, accustomed to observe the phenomena and progress of this profound form of mental disorder, to conceive how a patient could have really been demented in June, in consequence of a cerebral vascular lesion grave enough to cause hemiplegia, paraplegia, confusion of vision and aphasia, and yet, be so recovered by the next following November, as to fully appreciate the services he had received from his physician, and go unaccompanied to his office, and settle in an intelligent manner his bill, even though he could not speak.

It was singular that of all the acts testified to by Bevin's brother-in-law and sisters, who were living with him and interested in the success of his suit, none of them should have been observed more than

once or twice during the whole time of his affliction. Many of these acts, had they occurred oftener, would have been explicable otherwise than on the theory of insanity, and all of them, as the testimony gives them in this case, are explainable without invoking the presumption of insanity, though a medical gentleman of practical experience with the insane, for whose opinions I have a high regard, and whom the courts justly recognize as an expert in questions of sanity, thought these acts indicated mental incapacity on the part of Bevin. Another medical gentleman of large practical experience with the insane, no less eminent in psychiatry before the courts and in my own esteem, concurred with me in the opinion that these acts occurring before the signing of the deed—some of them, as the bowing to pictures, etc., within a month or two—did not indicate sufficient mental impairment to disqualify him for a full appreciation of the nature, quality and purport of the transaction.

In this case, I think, there was undoubted mental impairment to the extent at least of a crippled power of expression. There was impairment of executive mental power to such a degree as to incapacitate the individual from profitably engaging in the pursuit of his avocation, after he had finished up the business which occupied him before his affliction. Mr. Bevin seemed himself cognizant of this fact, and conducted himself after his affliction strictly in harmony with his surroundings, and does so still. He learned to write his name with his left hand, attached his signature to an important document, as it was necessary for him to do in order to complete the undertaking he had been engaged in, and after that signed no more documents, nor attended in person to any business, but relied on the proxy of his next friend.

Let us look at his acts and see how far they tend to establish insanity. In the first place they are *limited in number*, not a single habitual action appears in his history that is at all singular. He defecates *once* in his bed at the time it is testified by his family physician that he is paraplegic. This was more likely an accident due to his paralyzed condition at a time when no one was present to assist him than the result of mania. No one was present at the time it occurred. Maniacs have often filthy habits. Accidental occurrences of this kind are seldom, if ever, observed. The *spitting in his plate once or twice* before he had learned to so co-ordinate the muscles of oral expulsion, or to adapt his position at the table to the changed circumstances of disease, was due to the facial paralysis rather than insanity.

Then as to his irritability. Recovering paralytics are known to be irritable, and not very reasonable at all times when irritated. They can not make their many wants understood, and while they understand themselves well, can not well understand why those about them do not comprehend their gestures and grimaces more readily. That he should once strike his mother, under such circumstances, does not then appear as an act of insanity. He was at that time an irritable, childish paralytic, but gradually improved, and never struck her again. He would not have struck her after he had sufficiently recovered to write his name with his left hand. He never attempted to strike anyone then.

In regard to the *bowing to pictures* which he had not seen since he was stricken and carried to his bedroom a helpless paralytic, it would have been more singular if he had not, when taken into the parlor, the first time since his affliction, have sought to indicate in some way to his friends that he recognized the objects about him. This act showed an appreciation of his

condition not common to insane people, and a desire to impress the fact of his mental improvement upon those about him, just as did the frequent calling for paper or slate and pencil, writing his name, and showing them to visitors with manifestations of pleasure on his countenance, even though "his smile looked silly." If he smiled at all it must have been a silly looking smile, by reason of his physical facial disability. How could a hemiplegic face put on a beautiful or intelligent looking smile? If, smiling, or in mental repose, his face had even habitually shown the *risus sardonicus*, this would not have proven him mad.

The motive for the making of grimaces before the glass, and pulling out his hair once or twice, does not appear in the testimony; nor does it appear that he had no motive. A desire to discover to himself the degree of muscular facial paralysis would not have unreasonably led him to view himself thus in a mirror, and move the muscles of his face, and chagrin at the disagreeable revelations reflected, might lead, without the concurrence of insanity, to the pulling out of some hair. It does not appear that he pulled out much hair, or that he often repeated the operation. I have seen the insane pluck out every hair of the head, and repeat the process, allowing no single hair to remain. It is unusual for an insane person to pull once or twice at his hair and never repeat the operation. It is not common for an insane person to go to a mirror for the purpose of plucking out the hair, and going to a mirror for the purpose of making grimaces is certainly an anomaly among the insane. There is too much of rational motive in it. It is too much like desiring to see how it looks. And this was Bevin's motive. He wanted to see how he looked, and what muscles of his face were still paralyzed. This would be only a rational proceeding on the part of any man convalescing from a para-



lytic stroke, which had involved, and still to some extent, implicated his face. It is possible that insane persons, under the dominion of a delusion, might go before a glass and pull at their hair, though not usual, but no delusion appears in this case, in this connection, or in any other relation. I have seen my own son study the play of his facial muscles, and when I was a student of anatomy I did the same thing, before a mirror too.

The circumstances connected with wiping of the nose on the napkin or table-cloth do not appear. He wiped his nose once or twice. It was not shown that he had a pocket-handkerchief, or that he had never used his napkin in lieu of a handkerchief before his affliction, or that he did not do it to annoy, rebuke and chagrin those who should have given him a handkerchief.

Laying aside the reasonable presumption made by one of the attorneys, that the testimony to the outrageous and indecorous acts detailed, was the prejudiced evidence of interested relatives, enjoying the benefit of the property placed in jeopardy by the suit, I did not believe this man to be *non compos mentis* for the transaction in which he was concerned, because—

*First.* The paralysis alone was sufficient to account for most of his acts, his improvement and gradual recovery for the remainder; he being now sound in mind and able to go about with no affliction save the aphasia.

*Second.* Because the lesion was one involving but a portion of one hemisphere of the brain. Atrophy or destruction of a whole hemisphere, especially if gradually brought about, not even necessitating mental disease, the sound hemisphere being capable of vicariously supplementing the one diseased, in the performance of the mental functions.

*Third.* The grey matter, even on the affected side, seems not to have been greatly involved, as shown in

the absence of incoherence, delirium, delusion, illusion or hallucination, during the whole progress of the case, and retention of memory, and ability to learn, for a purpose, to write his own name, in a few months after the stroke, with his left hand.

*Fourth.* With the absence of incoherence, delirium, delusion, etc., there was marked involvement of the face and extremities, absence of muscular twitchings in the limbs, and of rigidity of the neck and other parts of the body, which usually accompany paralytic lesions involving also the *cortex cerebri*. The lesion was mainly an obstruction of the left middle cerebral artery at the base of the brain, as revealed by the *aphasia* and gradual coming on of the paralytic attack.

*Fifth.* The nature of the lesion with the part of the brain mainly implicated in this case, is one from which persistent intellectual aberration seldom results; the equilibrium of the disturbed cerebral circulation being soon re-established, even when the circle of Willis is obstructed, instead of one of its branches, as in the case before us; and—

*Lastly.* For a reason which some may not deem of any weight, namely, because that portion of the brain which has to do, in all probability, with the highest intellection, is the posterior lobes of the cerebrum, and they are not nourished by the artery mainly concerned in the lesion before us; “a conclusion which, however contrary it may be to generally received opinion,” to use the language of Charlton Bastian, “has been strengthened by observations made independently in different directions, and by different persons. It seems to agree, moreover, with clinical and pathological evidence,”\* Dr. Hughlings Jackson and other authorities on the subjects of brain disease agreeing with him.

---

\* Bastian on Paralysis, from Brain Disease, p. 239.

## FEIGNED INSANITY, HOMICIDE, SUICIDE. CASE OF WILLIAM BARR, *alias* BALL.

---

BY CARLOS F. MAC DONALD, M. D.,  
Superintendent of State Asylum for Insane Criminals, at Auburn, N. Y.

---

Since the first recorded attempt to simulate insanity was made by Ulysses, who, according to fabled story, lived 1190 B. C., it has frequently been the province of medical jurisprudence to distinguish between real lunacy and the more or less dextrous imitations attempted by individuals seeking, either immunity from obligations of various kinds, or, to escape from punishment for the commission of crime; the latter, no doubt, from the nature of things, being by far the most frequent motive for such attempts. When we recall the fact that, in its infancy, psychological medicine was surrounded with vagueness and superstition, we are not surprised that the idea that insanity could be successfully counterfeited by any ordinary individual, should have obtained in common with the then prevalent ignorance of the whole subject of mental medicine; but to one at all familiar with the present literature of the subject, it seems strange that the often quoted assertion of Zacchias that "there is no disease more easily feigned, or more difficult of detection than insanity," should be accepted, at the present time, as a truism, by certain portions of the community, including not a few medical men; and yet almost all modern medical writers whose opinions, by reason of their practical knowledge of insanity, are entitled to weight, are agreed that insanity is not easily feigned, and consequently that attempts at simulation can not long escape detection when carefully scrutinized by those who are qualified

to expose them. It is said that Dr. Rush was able to distinguish between feigned and real lunacy by the condition of the pulse, while Dr. Knight and others are said to have relied upon the presence, or absence, of a peculiar odor, which they claimed was invariably emitted from the persons of the insane. Cabanis, Cox and others, excluded insanity if they failed to find "a peculiar cast of countenance," which they regarded as typical, and furnishing an "infallible proof of mental disease."

While we would not wish to be understood as accepting the above mentioned tests as infallible, nor even as admitting that any one sign, or symptom, or method, may be relied upon for the detection of feigned insanity, we do feel warranted in asserting that, guided by the light of existing knowledge respecting the various phenomena of mental disease, and possessing a familiarity with its clinical aspects, the alienist physician, if afforded sufficient opportunity for investigation, can rarely fail to recognize the shammer of lunacy. Says Georget: "A person who has not made the insane a subject of study can not simulate madness so as to deceive a physician well acquainted with the disease." Connolly declared that he could scarcely imagine a case which would not be exposed by an efficient method of observation; and Bucknill and Tuke say: "To deceive a skillful alienist who takes pains, patiently and fully, to investigate the case, the simulator of insanity must, if he displays any active symptoms, not only have carefully observed the symptoms of those who are truly insane, but be able himself to represent those symptoms, with powers of imitation which are possessed by few." Sheppard, in his "Lectures on Madness," when speaking of the feigner, says: "Commonly he does not know how difficult and sustained a part he has to play for



even a remote chance of success, and the curtain falls upon a grotesque and blundering farce more quickly than he anticipated," and again, "Those who are acquainted with the genuine article will soon discover how miserably he is over-acting his part, tear off the mask, and expose the imposture. Bear in mind that cultivated and refined malingerers, such as Shakespeare has depicted the Danish prince, are of very rare occurrence." Blandford regards it as fortunate that but "few know how to feign insanity," and adds that "the majority of simulators are clumsy performers," and can readily be detected by those who are in constant contact with the insane. Opinions similar to the above have been uttered by almost every prominent modern writer upon the subject of insanity. Deeming it unnecessary to adduce further evidence in proof of the difficulty of successfully feigning insanity, I now proceed to detail, briefly, the case whose name appears at the head of this article.

William Barr, *alias* Ball, a native of Ireland, single, and by occupation a peddler, was convicted at a Court of Sessions, held in the city of New York, December 16, 1870, (when he was twenty years old,) of robbery, first degree, and sentenced to State prison at Sing Sing for a term of ten years, and subsequently transferred to Clinton prison, where he remained until February 4, 1874, when he was transferred to the State Asylum for Insane Criminals at Auburn.

The prison physician's certificate, on which he was admitted to the Asylum, stated that while in prison he had been employed "mainly in the mines," that he was intemperate, that he had served a previous sentence of "one month in penitentiary for fighting," that "so far as known" he had suffered no previous injury or disease, that he was not known to have been insane before

conviction, that the then attack began "about April 1st, 1873," that the probable cause was "masturbation and use of tobacco," that he was "subject to excess of passion when irritated," that the form of his insanity was "chronic mania and melancholia without apparent lucid intervals," and that he had been subjected to punishment "in the Pulleys for fighting."

Unfortunately there is no official record of Barr's history during the period of his first confinement in the Asylum, but the Assistant Medical Officer and several of the subordinates who had charge of him at that time, stated that he was not regarded by them as insane, but as a vicious, depraved, quick tempered, incorrigible fellow, who was disposed to be quarrelsome on the slightest provocation, and who required "much restraint and punishment" to keep him under control; also, that he once cunningly effected his escape from the Asylum, but was captured and returned the same day. They further stated that the then superintendent frequently expressed the opinion that Barr was not insane,\* and ought to be sent back to prison, and that he only refrained from sending him back for the reason that his vicious and troublesome conduct would probably serve as an excuse for his recommittal to the Asylum. He was, however, after remaining in the Asylum about two years, returned to prison March 1st, 1876, *as not insane*, that being among the last official acts done by the late superintendent.

Of Barr's history, from the time of his return to Auburn Prison, in March, 1876, until the following September, when he was readmitted to the Asylum, and first came under the writer's observation, nothing definite is known. The second certificate stated that he had "paroxysmal mania and melancholia," that he was

---

\* This was testified to by Dr. Channing, at the trial.

able to work, was mischievous, and had been punished "in cell." The Asylum record shows that when readmitted his physical condition was good, "no bodily disorder observed." The following is a condensed transcript, from the case book, of entries made by the then assistant physician, who had observed Barr during the last seven months of his former confinement in the Asylum :

September 27th, 1876. Readmitted this day from Auburn Prison, to which Institution he was transferred from this Asylum as *not insane*, in March last, after having been under observation twenty-five months, during which time he showed a vicious, depraved disposition, but no insanity. His prison record is very bad. It is stated that he is regarded insane because he is "unruly;" also, because he danced when prisoners were going to dinner, made a noise at night, and disturbed the chapel services on Sunday.\* The patient is now in good general health, is coherent in conversation, and quite responsive; says his "head is not right," and that he "knows" he "is crazy."

October 3d, 1876. Patient has slept well since admission; appetite and general health good. Is beginning to show a discontented, fault-finding spirit, not inclined to comply with the rules of the Asylum, and seems anxious to be considered insane.

October 6th, 1876. Since readmission the patient has been carefully examined daily, by both the superintendent and assistant physician, with special reference to his mental condition; and in addition to this the attendants and night-watchman were instructed to observe him carefully, and to report the result of their observations, in full, to the medical officers. (These extra precautions were deemed necessary, in view of the fact that employees of the Asylum, who knew Barr when he was here before, stated that he was "an ugly customer," and a "feigner," and that he was so regarded by the late superintendent; also, because he was reported to have said to a comrade, while at the prison, "I have been in the

---

\* Several feigners, whom the writer has detected and exposed, have confessed to him that interrupting the chapel service is a favorite dodge among convicts who are anxious to be thought to be insane, and one, who acknowledged that he had been trying for a year to get transferred to the Asylum, stated that Barr suggested this method to him.

Asylum once, and I propose to go there again, if I have to kill a keeper to accomplish it.") The past history of the patient, as obtained from various sources, together with the entirely negative result of the thorough search for evidences of insanity, that has been made during the last nine days, would seem to justify the opinion that he is not insane, and he is, therefore, in accordance with said opinion, returned to prison this day.

During the four months that elapsed between his return to prison and the time of the murder, Barr spent most of his time, during the day, in what was then known as the "idle shop," from among the occupants of which it was customary to make details, as occasion required, to police the prison grounds, and to do other work about the premises, including the removal of snow, in winter, from the sidewalks outside of, and adjacent to the prison walls.

On the first day of February, 1877, Barr, with a number of other convicts, was engaged, under the supervision of a keeper, in clearing the snow from the sidewalk of the street in front of the prison. Pedestrians were frequently passing to and fro on that side of the street, and when the passer-by happened to be a lady, Barr would try to attract her attention, and then lift his hat, smile at her, and make the gesture of "throwing a kiss." The keeper reprimanded him for this, and commanded him to desist, at the same time threatening to send him in if he did not obey, at which Barr became angry, refused to work, and declared he would not go in until the rest did, and further manifested his contempt for the keeper's authority by conversing with the other convicts, which was against the rule. The keeper again reprimanded Barr for his insolence and disobedience of orders, and ordered him to pass in at the gate, which Barr refused to do, whereupon the keeper wrote a note, which he handed in to the gate-keeper, Barr watching him all the time, and



no doubt surmising that the keeper had sent for an officer to come and take him in. Just at that moment a citizen, passing along, spoke to the keeper, and as the latter turned to reply, Barr dealt him a violent blow upon the head with a shovel, the force of which crushed in his skull, and felled him to the ground. Barr continued his murderous assault until driven off by a fellow-convict, who raised a pickaxe and threatened to kill him if he struck again. He then fled down the street, but was soon apprehended by an officer who happened to be in that vicinity, and was speedily returned to prison, and placed in the "dungeon." The unconscious keeper was carried into the prison hospital, where he soon expired. Barr remained in the prison until indicted for murder by the grand jury, when he was removed to the county jail.

The murder, as just described, created intense excitement in the city of Auburn, and gave rise to a good deal of newspaper comment throughout the State, the general tenor of which was (excepting that in the Auburn papers) that Barr was insane because he had been an inmate of an asylum, and had subsequently committed a homicide.

Immediately upon his removal to the county jail, Barr began to act in a most foolish, absurd manner. He made irrelevant replies to questions, muttered incoherently to himself, about "spirits" and "devils," destroyed his clothing and bedding, and for several weeks he not only disturbed the inmates of the jail, but the entire neighborhood, at night, by his demon-like yells. It was noticeable, however, that he was noisy during the early, and slept during the later portion of the night. Persons living in the vicinity of the jail, having complained of the noise to the jailor, that official tried, by persuasion and other mild means, to suppress

it, but was unsuccessful until, as a *dernier ressort*, he "got out the hose and literally turned it on him." After this Barr was quiet, and beyond an occasional attempt to obtain articles of various kinds, which could be used as weapons, his jail life was comparatively uneventful until the time for his trial approached. Able counsel was assigned to defend him, but Barr, persisting in his ridiculous actions and disconnected conversations during the visits of his counsel, succeeded in impressing him with the idea that his client was insane, and when the case was called for trial, he entered a plea of "not guilty, on the ground of insanity." Subsequently, the defense applied to the Court for the appointment of a commission of medical experts, to examine Barr with reference to his mental condition. The application was granted, the court appointing as such commission, Dr. John P. Gray, Superintendent of the State Lunatic Asylum at Utica; Dr. John B. Chapin, Superintendent of the Willard Asylum; and Dr. Theodore Dimon, an ex-prison physician, of Auburn. The commissioners, after making an exhaustive investigation, submitted their report, of which the following is a copy:

---

THE PEOPLE	}
vs.	
WILLIAM BARR.	

---

*To the Court of Oyer and Terminer of Cayuga County:*

We, the undersigned Commissioners, appointed by the order of said Court, on the 9th day of October, 1877, in pursuance of the provision of Chapter 446, of the Laws of 1874, and the acts amendatory thereof, to inquire into the mental sanity of the said William Barr, under indictment for murder in the first degree, and arraigned for trial, and report in writing to said Court "as soon as possible, the fact of the mental sanity of the said William Barr, at the time of the alleged offense in said indictment against him," do hereby certify and report that we have executed the said order.

In accordance with said order we met at Auburn, Cayuga Co., on the 11th day of October, and proceeded to examine witnesses, under oath, which evidence was reduced to writing by John B. Chapin, one of the commissioners; that we also personally examined the said Barr; that subsequently, on the request of the commissioner, the Court appointed a stenographer to take down testimony, and we therefore adjourned to the 23d of October, when the hearing was resumed, and we took testimony on that day and the day following; that H. V. Houland, counsel for said Barr, having addressed a communication to one of the commissioners, which is hereunto annexed, and having named therein the following persons whom "he intended to call as witnesses for Barr," viz.: Drs. Hamlin, B. K. Hoxie, C. F. Durston, Esq., Capt. George Jenkins, Capt. Wm. H. Boyle, Capt. Geo. Sherlock, Dr. J. D. Button; we called and examined the said persons and other witnesses, and again personally examined the said Barr; that we also issued an order to the clerks of Sing Sing, Clinton and Auburn prisons to produce certified copies of all records concerning the said Barr, as now contained in the record-books of the said prison, all of which orders and answers are hereunto annexed, when we adjourned to November 7th, and again met and took testimony, and on the seventh again examined the said Barr. A copy of all the testimony taken, and all the papers before us are herewith returned and filed with this our report. That having made careful investigation into all matters embraced in said order of the Court, and referred to us, we do certify and report, that from all the facts brought before us, and from our personal examinations of the said William Barr, we are of the opinion that he was sane on the first day of February, 1877, when the alleged homicide was committed, and is sane now.

JOHN P. GRAY,	}	<i>Committee.</i>
JOHN B. CHAPIN,		
THEODORE DIMON,		

November 8, 1877.

The trial began shortly after the above report was presented, and Barr's counsel, having no other ground, made insanity the sole defense, notwithstanding the finding of the commission. Four physicians, including the two who had respectively committed him to the Asylum, were called as "experts," to testify to Barr's

insanity. One of these witnesses testified that he regarded the prisoner as a case of "acute mania" when he sent him to the Asylum in 1874. Another said that he was suffering from "paroxysmal mania and melancholia," when committed to the Asylum, by him, in 1876, and admitted that "he might have feigned all this except his physical condition," also, that "he exhibited at one time, in the prison jail, a silly laugh, which I (he) thought was peculiar." The third medical witness divided insanity into two forms, namely, "mania and delusion," and thought that Barr's case came under the latter; while the fourth gave it as his opinion that the form of insanity was "mania *without* delusion," but at a subsequent stage of his testimony, stated that the prisoner's declaration that there were devils and spirits in his cell, was undoubted evidence of delusion. The medical witnesses called on the part of the people, were Dr. Theodore Dimon, ex-prison physician and one of the commissioners, Dr. J. D. Button, present prison physician, Dr. W. Channing, ex-assistant physician to the Asylum, and the writer, all of whom expressed the opinion that Barr was sane then, and, also, at the time of the murder.

During the trial Barr would frequently laugh and "grin" in a silly manner, or mutter to himself, and make grimaces and queer gestures, which, of course, attracted attention, and "convinced" some of the spectators that "he must be insane."

The jury, after deliberating one hour and twenty minutes, returned a verdict of murder in the second degree, (no premeditation having been shown,) and, accordingly, Barr was sentenced, on the 23d day of November, 1877, to State prison for the term of his natural life. After the jury came in, and while the roll was being called, preparatory to receiving their



verdict, Barr watched the proceedings with an anxious countenance, apparently forgetful, in his anxiety as to the result, of his demeanor during the progress of the trial. He soon recovered himself, however, when the decision was announced, evidently realizing that all eyes would be turned upon him to see how he received it. Reaching his old quarters at the State prison, and while donning again the convict garb, the deputy warden asked him why he refused to recognize him in the court room? Barr replied, "well, Cap., you know I wasn't recognizing anybody then." He also, about this time, wrote a long letter to his brother.

Barr was placed in solitary confinement, and extra precautions taken against his escape, yet, notwithstanding these he made two desperate efforts to obtain his liberty by cutting the iron bars of his cell door. In one of these attempts he succeeded in removing an entire section of the door, to accomplish which, he was obliged to saw through four iron bars, each two inches wide by one-half inch thick, and when discovered the only implement found, after a thorough search of his person and cell, was a small shoe knife with an irregularly serrated edge, which he had surreptitiously obtained. In the second attempt he succeeded in making a cut in one of the bars nearly half an inch in depth, by mere attrition with a wire which he had slyly removed from the rim of his soup basin, readjusting the tin so nicely that its removal was not discovered by the guard who served his food. Estimating the time he would have to work between the visits of the guard, the prison officials were of the opinion that these operations upon the door must have occupied him for several weeks. The section removed consisted of two pieces of iron, of the width and thickness described, each about six inches long and bolted together in the middle, forming

a cross; to this he attached a cord, made of bed-ticking, which he wound about his wrist, and when discovered, was standing with his right hand behind him so as to conceal the murderous weapon with which he was prepared to attack the guard.

These acts on the part of Barr not only strengthened the opinion that he was sane, but demonstrated to the prison authorities the necessity of confining him in such a manner as would render his escape utterly impossible. This was done by placing additional iron "night guards" upon the doors of the dungeon in which he was kept. After this he seemed to realize, for the first time, that every chance of escape was cut off, and that he had nothing in the world to look forward to but a life of solitary confinement; and, doubtless, this feeling was strong within him, when, in the quiet of the following Sunday, he terminated his earthly existence by hanging himself from the topmost cross-bar of his cell door. An autopsy was made by the writer, at the request of the coroner, Dr. Shank, in the presence of the latter and seven other physicians of Auburn.\* So far as could be determined by the naked eye, the post-mortem examination revealed a healthy state of all the bodily organs, including the brain, with the single exception of a very slight tubercular deposit in the apices of the lungs, a not uncommon sequel of long confinement in a vitiated atmosphere. But in order to determine definitely respecting the correctness, or otherwise, of the conclusions, based upon a gross examination, that the brain presented no evidences of disease, specimens, taken from its several anatomical divisions, were forwarded to Dr. Gray, Superintendent of the State Lunatic Asylum at Utica, who had them exam-

---

\* Drs. Armstrong, Briggs, Bates, Brinkerhoff, Creveling, Theo. Dimon and Luce.

ined microscopically by Theodore Deecke, the pathologist connected with that Institution, who reports that the brain structure was entirely free from disease.

Inasmuch as public attention has been a good deal occupied with the subject of the foregoing sketch, it may be worth while, in view of the diversity of opinion which existed respecting his mental condition, to refer briefly to the circumstances, some of which are not generally known, surrounding the events of which mention has been made, in order to indicate, as clearly as possible, the grounds on which the unavoidable conclusion that Barr was not insane rests. From his history, as given, prior to the killing of his keeper, it is not clear that he manifested any continuous or fixed method in his pretended madness. In fact, beyond his occasional assertions that he was insane, or "not right" in his head, his conduct appears to have been characterized more by vicious acts and propensities, in keeping with his criminal nature, than by any systematic effort to feign insanity. It may seem strange, at first sight, that, being regarded as not insane, he was permitted to remain in the Asylum for two years; but this is explained by the fact of the superintendent's belief, as told by his subordinates, that Barr's propensity for fighting and insubordination in general, would, in all probability, soon lead to his recommittal to the Asylum as the easiest way, in those days, of disposing of a troublesome, "unruly" convict. Then, too, the possibility that his transfer back and forth, from prison to asylum, would give rise to an unpleasant conflict of professional opinion between the medical officers of the two institutions, may have operated to prevent an earlier discharge. But, even if no explanations of the fact were at hand, incontestable proof of the then superintendent's opinion of Barr's mental status is furnished by the act of that

official who returned him to prison as *not* insane, after having had him under observation for two years.

It will be remembered that Barr was first committed to the Asylum as a case of "chronic mania and melancholia" without apparent "lucid intervals," while the second certificate declared him to be suffering from "paroxysmal mania and melancholia." Those having a moderate knowledge of the manifestations of insanity need hardly be reminded that these two forms of disease are not likely to be found associated together, as *chronic* conditions, in the same individual; but even admitting, for the moment, that Barr's mental state was, at the time of his second commitment to the asylum, what the certificate alleges it to have been, at once the question arises, upon what possible hypothesis can we explain the fact that no indications of such a state, or of any form of insanity were discovered when he came under the observation of the writer? Surely no medical mind will believe that a chronic state of "paroxysmal mania and melancholia" which was clearly appreciable to a physician, *without asylum experience*, would subside, during the ten minutes' walk from the prison to the asylum, so as to be quite inappreciable to the Asylum physicians. Such sudden transformations of mental and physical symptoms are not to be found among the phenomena of mental disease. If we go a step further and assume that he came to the asylum during the interval stage of "chronic paroxysmal mania" would it not be right to expect to find some vestiges of the physical conditions resulting from former paroxysms? Experience answers in the affirmative. As regards the diagnosis of melancholia in a case where not the slightest trace of its essential mental characteristic, depression, is observable, no comment is necessary. With ordinary carefulness in examination at the asylum some indications of



these conditions, had they existed, would have come to light; and the fact that none were discovered, after a reasonable period of unusually careful observation, together with his previous history and the report that he had expressed a determination to return to the Asylum, even if he had "to kill a keeper to accomplish it," affords to the writer's mind solid ground for the opinion that, *up to the time of his final discharge from the asylum, William Barr was not insane.*

Let us now proceed to a consideration of Barr's subsequent career, for the purpose of determining whether there were, in its further developments, any reasonable grounds for regarding him as insane. It may be said that, admitting him to have been sane when he left the asylum, insanity might still have developed during the four months that elapsed between that event and the occurrence of the murder. Now, whether there was anything in his condition or conduct during that period, which attracted the attention of the prison physician to his mental state, the writer is not aware; but it is reasonable to suppose that his custodians did not consider him "a dangerous lunatic," as otherwise they would not have placed him where he was at the time he committed the murder.\* Up to the time of the killing, the fact that Barr was not insane could easily be determined by the absence of indications of insanity, without reference to his feeble efforts at feigning; but the marked change in his conduct after that event, and coincident with his removal to the county jail, at which time his efforts to simulate really began in earnest, when considered in connection with certain circumstances discovered by the jail officials, and his conduct

---

\* The writer saw Barr engaged, with others, in cleaning snow from the sidewalks, and exchanged recognitions with him several times during the winter of 1876-7.

when returned to prison after the trial was over, furnishes the most striking evidence of a very bungling attempt at shamming. He suddenly evinces a complete loss of memory respecting himself and the most recent events in which he figured so prominently; looks down, or away, when approached, and when interrogated returns irrelevant and incoherent replies; complains of "devils" and "spirits;" destroys his clothing and bedding, and is very boisterous—shouting, singing and whistling during the *early* portion of the night. The noise, however, permanently subsides after a single application of the jailor's rigorous, hydropathic treatment. It is worthy of remark, in this connection, that while such treatment, in the case of a genuine maniacal lunatic, would most likely have "added fuel to the flames," it completely extinguished Barr's noisy propensity. After this he substitutes the role of extreme stupidity and silliness for that of boisterous mania. A striking similarity to the recorded conversations of other feigners is shown in the following extract from a verbatim report of a conversation between Barr and the commission, during one of its sessions:

Q. How old are you? A. I don't know, sir.

Q. Were you born in this country? A. I don't know.

Q. What is your name? A. Barr.

Q. What is your first name? A. William.

Q. Your brother's name? A. I ain't got no brother.

Q. What was your mother's name? A. I don't know, sir.

Q. You say you don't know where you were born? A. No, sir.

Q. Do you mean to say that? A. No, sir.

Q. Where were you brought up? A. The devil is all the time talking to me.

Q. Do you know Captain A (a keeper at the prison)? A. No.

Q. Do you know Captain B? A. I don't know any of them at all.

Q. Do you know Captain C? A. No.

Q. Do you know Captain D? A. Where.

Q. Do you know Captain E? A. No, sir.

Q. Do you know your brother's name now? A. You know the devil is all the time talking to me about. Could hear him well enough, and I don't want to hear. That is the matter.

Q. You say the devils are all the time talking to you? A. Yes, sir; you know.

Q. What do they say? A. They won't let me rest.

Q. Tell this gentleman what they say, and he will write it down? A. I don't want it written down.

Q. Can you read or write? A. No, sir.

Q. When did you forget to read and write? A. You will all write too.

On another occasion he was again asked where he was born, and replied, "I guess so; what do you want to talk to me for?" The question was repeated, and he said, "What are you talking to me for? There are seven hundred thousand devils flying around all the time; you know what they say."

Dr. A. E. Macdonald, in a recent lecture, says: "The man who feigns insanity is most apt to think it incumbent upon him to show an utter loss of memory and reason. So if a man pretends forgetfulness of his own name, the names of his family and friends, recent events and such simple things, you may well suspect that he is an imposter. It is always suspicious when the man avoids answering questions, or pleads inability to answer, on the ground that he can not remember."

Barr continued to conduct himself in the manner stated above, whenever he appeared before the commission, and also in the court-room, during his trial; but at the jail, after the jailor had made his rounds for the night, and passed out, he would throw off the mask and talk freely with a convict by the name of Thorp, whom Barr had known in prison, and who was then under sentence of death for the murder, in prison, of a fellow convict. Thorp was allowed cigars, newspapers

and other little extras, which he usually shared with Barr, who was in an adjacent cell, passing them to him by means of a string, which the latter manipulated. By this means Barr was enabled to learn the progress of his case, as reported in the daily papers, which he obtained from Thorp, and read late at night. He also wrote and sent coherent messages to Thorp, one of which fell into the hands of the commission, and read as follows:

friend Thorp, i have got a Hard time of it they have tried to hang me but they are not smart, i am Oblige for Ciger.

BARR.

At a late hour on the night after the session of the commission, during which the conversation, shown above, occurred, a deputy sheriff, secreted in the corridor on which Barr was locked, overheard a conversation between the latter and Thorp. It seems that Barr had been reading an evening paper which contained a comment on his case, and, attracting Thorp's attention, said to him, "Them —— of —— down to the court house are trying to hang me, but I think I'm too smart for them." Then after further comment on his case, said to Thorp, whom he knew was to hang in a few days, "You'll soon know whether I'm to join your band or not." Thorp asked Barr who the man was that came in to see him the day before. Barr replied, "That's the man that's going to get me out of this." The man referred to was his counsel. Barr asked Thorp to send him "a stiff," which means, in convict parlance, "a letter." Hearing a noise outside, Barr said, "cheese it Thorp the boss is coming, he'll hear us talking." "Cheese it" is convict slang for "shut up" or "stop it."

Taking Barr's conversation and conduct before the commission, and placing it beside of that which he ex-



hibited to Thorp, no later than the following evening, and we have a mass of ludicrous inconsistencies that are at variance with every known form of insanity; and yet how accurately it answers to the descriptions given of feigners in the various works on mental disease. Here we find him, in the morning, manifesting an apparent loss of mental capacity, to a degree that would not be expected in any form of insanity, short of complete dementia. While in the evening of the same day, when he supposes he is heard only by his comrade and confidential friend, he drops the disguise, and displays a degree of shrewdness and comprehension, quite in keeping with his actual mental condition and capacity.

If we take the prominent features of a given case of real lunacy, and group them together, the result is a consistent whole, which can be classified in some one of the several recognized forms, and to imitate which, with any degree of success, even for a short time, would require the dramatic powers of an accomplished actor, and then the physical symptoms would still be wanting. On the other hand, the feigner, as a rule, to which Barr's case is not exceptional, having no conception of the order or sequence of the symptoms, or of the forms of the disease he is trying to simulate, presents but a medley of inconsistencies, which almost invariably leads to his detection.\* He merely supposes that a lunatic is one who has, to use a common phrase, "lost his mind," hence he strives to show that his own mind is gone, by conducting himself in the most absurd manner. He pretends not to know the simplest facts about himself, such as his age, nativity or civil state;

---

\* It will be remembered that Barr had had opportunities for observing the conduct of insane persons, during the two years he was in the Asylum, but lacking a knowledge of the conditions underlying such conduct, his attempts to imitate insanity, could only result in failure.

fails to recognize his nearest and familiar acquaintances; says he can not count or tell the day of the week, and frequently reverts to the subject of his pretended delusions or hallucinations; he avails himself of every opportunity to attract attention, and his symptoms seldom fail to assume an unusual degree of activity whenever he is conscious of being observed. Unlike the genuine lunatic, he tells you that he is insane, or "out of his head," and is not offended at being "accused of lunacy."

"The real lunatic when you accost him will summon his wits together, brighten up, and for the time seem less insane than he really is. The impostor, on the contrary, dismisses his wits altogether, and is more absolutely and abjectly insane when you speak to him than at any other time."\*

At no time during the examinations of Barr did his physical system present any of the symptoms that would almost certainly have been present had his mental manifestations been those of real lunacy.

If Barr was suffering from any form of insanity at the time he was before the commissioners, it must have been dementia; but his communications with Thorp about the same time, and the reason, (which was virtually a confession,) which he gave for not recognizing the deputy warden in the court-room, together with his letter to his brother, his subsequent attempts to escape from prison, and the circumstances of his death, are entirely inconsistent with the idea of dementia.† Another element not heretofore mentioned in this case,

---

\* Feigned Insanity. A lecture delivered before the students of the Medical Department of the University of the city of New York, by A. E. Macdonald, M. D.

† During the period of Barr's last imprisonment, the writer saw and conversed with him several times. On these occasions he showed no signs of insanity.

and one which according to all authorities, furnishes a strong presumption of feigning, is the presence of a very powerful motive; and what could offer a greater inducement to the hardened criminal than a desire to escape from punishment for crime?

The fact that Barr ended his life by suicide, may be regarded by some as evidence that he was insane, while the truth is, it furnishes strong proof of the contrary, supplying, as it does, the last link, but one, of the chain of evidence which demonstrates conclusively that he was "clothed in his right mind." A moment's consideration of the circumstances surrounding the fatal event can hardly fail to satisfy even the most skeptical of reasonable men that it was the deliberate act of a sane man. He had experienced the humiliation of detection and exposure in his attempts to feign insanity, had been in solitary confinement for nearly a year, had failed in all of his efforts to escape, knew that it was useless to hope for a commutation of sentence and realized, as he intimated, that the additional security recently given to the dungeon, in which he was confined, rendered escape therefrom impossible. These circumstances furnish, to a man like Barr, a rational and powerful motive for the act which required far less courage to execute than it would to have endured, for an indefinite period, the hopeless situation from which there was no other means of escape. The fact too, that he selected a time (Sunday) when the infrequent visits of the guard reduced the chances of discovery in the accomplishment of the act to the minimum, is significant as showing that he possessed an appreciation of his surroundings.

Doubtless there are still a few individuals in every community who, in spite of the most convincing evidence to the contrary, refuse to believe that suicide is ever the act of a sane mind. Yet history, both ancient

and modern, is replete with well authenticated instances of deliberate self-murder by individuals of unquestionable sanity, for the purpose of escaping some impending evil or misfortune, or the consequences of crime. What rational, intelligent being but can imagine an environment to the endurance of which death would be far preferable! "That sane people commit suicide," says Blandford, "is a fact that must be apparent to every one who exercises common sense in looking upon the subject." Dr. Ray, in speaking of suicide, says: "We know well enough that life is not so dear that it will not be readily sacrificed when all that makes it worth retaining is taken away," and Bucknill and Tuke declare that it can not be disputed that suicide may be committed "in a perfectly healthy state of mind." Instances of condemned criminals cheating the gallows through the avenue of suicide are not rare, and in some cases the means to accomplish it are secretly supplied by friends. What evidence of insanity can be found in the act of self-destruction under such circumstances? "That many rush into suicide," says Winslow, "in order to escape the just and legal punishment of their crimes can not be a matter of doubt." These conclusions respecting suicide are also fully sustained by Dr. Gray,\* in his able review of the subject which appeared in the July number of this JOURNAL.

---

\* Lecture delivered at Bellevue Medical College, March, 1878.



# ON THE EPITHELIUM OF THE CENTRAL CANAL OF THE SPINAL CORD AND OF THE VENTRICLES OF THE BRAIN.

BY THEODORE DEECKE.

The epithelial covering which lines the central canal of the spinal cord and the ventricles of the brain, has, at different periods, been an object of discussion. Two theories have been advanced as to its nature. They may aptly be denominated the connective tissue and the nerve tissue theories, and are the expression of views, of general and special interest, involving the position of the epithelia among the tissues, and their physiological significance.

Purkinje,\* 1836, discovered that the lining consisted of cylindrical epithelium cells, which were provided with cilia, a fact which, at first disputed by other observers, in the course of time became universally acknowledged. About eight years later, Hannover† examined the covering of the ventricles in the brain of frogs, and found that filiform processes were attached to its cells, which projected into the subjacent tissue. He took these processes for nerve fibers, and looked upon the terminating epithelium cells, accordingly, as nerve cells. It was from this time that the tissue which supports these cells was subjected to a closer examination. Virchow‡ described it as a streaky, connective tissue-like layer. Some years later§ he saw in it represented the simplest

---

\* Müller, Archiv, 1836, pag. 291.

† Recherches microscopiques sur le système nerveux, Copenhague, 1844, pag. 20.

‡ Zeitschrift für Psychiatrie, 1846, Heft 2.

§ Virchow, Archiv VI, pag. 136; Gesammelte Abhandlungen, Frankfurt, 1856, pag. 890.

form of that connective substance, peculiar to the nervous centers, the neuroglia, of which their framework was found to consist. And, with this, he gave the first impulse to that voluminous literature on the connective tissue of the central organs, which finally led to the acknowledgment of different forms of this tissue in the different provinces of the centers, and to a more minute division between its elements and those of a true nervous character. The part which is here of interest to us, the central ependymal thread (Virchow), the grey central nucleus (Kölliker), the gelatinous central substance (Stilling), surrounds the central canal of the spinal cord, and the ventricles of the brain as a ring merging imperceptibly at its periphery, into the grey matter. It presents itself as a soft substance, of homogeneous, streaky, or even at certain points finely fibrous appearance; also numerous cells enter into its composition, which have been partly described as the so-called Deiter's cells of the neuroglia, partly as radiated or multipolar cells, and fusiform cells, the nature of which has remained, at least, doubtful; the same must be said in regard to the fibers traversing the tissue, with the exception of true connective tissue ramifications of the pia mater, which project into it. The descriptions of the cells, as given by different observers, do not harmonize, which is undoubtedly, in some part, the result of the different methods of preparing the tissue for examination; they are, however, by far not uniformly distributed through the substance in question, and the one or the other kind may be found here or there, in a larger number. Stilling\* and Kölliker† disagree in the size of the cells. Frommann‡

\* Neuere Untersuchungen über das Rückenmark Frkf. 1857, Cassel 1859, pag. 32.

† Mikroskopische Anatomie I, pag. 411 ff.

‡ Untersuchungen über norm. und path. Anatomie des Rückenmarkes, 1864, I, pag. 13 ff, and 77 ff.

and Stilling in regard to the nucleus of the cells. Lockhart Clarke\* saw small round or angular, granulated or nucleated corpuscles, from which filaments proceeded which were in connection with fibers of the gelatinous substance, while Lenhoussek† observed only cell like, yet not nucleated bodies. Of fibers which in a transverse direction cross the gelatinous substance, Stilling distinguishes two kinds, of great fineness; the one in circular lines surrounding the central canal, the others in a radial course traversing the sub-epithelial layer. They are both claimed to be in connection, on the one hand, with the processes of the epithelium cells of the central canal, and on the other with the fibers of the septa, and with processes of the cells of the gelatinous substance. The radial fibers are described as direct continuations of the epithelium cylinders, which run out into the connective tissue fibers of the anterior and posterior median septa. Fibers of the same kind have been observed by Clarke and Frommann; also Goll‡ spoke of fibers of the ependyma, which interweave, forming a network of small meshes. Goll took these fibers for nerve fibers, while Stilling declared himself in favor of the nervous nature of the cells, even of the cylindrical epithelium cells of the central canal and the ventricles, and in opposition to the views of Bidder,§ regarding the connective substance of the grey matter, who asserts that the filiform processes of the epithelia, connect either with connective tissue fibers, or connective tissue corpuscles, or that they run out into the amorphous layer of the central grey nucleus of

---

\* Philosophical Transactions, 1859, I, page 454 ff.

† Neuere Untersuchungen über den Bau des centrales Nervensystemes, 1855, pag 19.

‡ Denkschriften der med. chir. Gesellschaft, Zürich, 1860.

§ Bidder und Kupfer Untersuchungen über das Rückenmark, Leipzig, 1857.

the cord. In an interesting paper on the aqueductus Sylvii, Gerlach\* took about the same position as Bidder, yet was undoubtedly influenced by Billroth's† new theory on the structure of the cylindrical epithelia, and their relation to the connective tissue in general, which was the source of a discussion, that for some time occupied the interest of the histologists. Gerlach, however, was fully aware of the importance of the question, whether the one or the other theory should be confirmed. In the one case, if the ciliated epithelia of the axis canal of the cord and the ventricles of the brain were to be considered as nerve elements, we would have to acknowledge the existence of a moving phenomenon inside of the central nervous system, which would be directly accessible to sensory perception; in the other case some light would be thrown upon the position of a certain class of epithelial formations in the general economy of the animal organism, and upon their development and reproduction. When Gerlach preferred to believe in the connection of the epithelia with connective tissue elements, he was principally led by the fact that in all his numerous preparations he never met with a fiber of an indisputable nervous character to which an epithelium cell was attached, and by the circumstance that Billroth's theory, soon after its publication, found an advocate in as accurate an observer as Heidenhain.‡

The leading points of the question were the following: Billroth proceeded from the discovery of an intimate connection between the cylindrical epithelia of the tongue and the fibrous texture of the papillæ. As the latter consisted, unquestionably, of connective tissue

---

\* Mikroskopische Studien, Erlangen, 1858, pag. 32.

† Th. Billroth, Ueber die Epithelialzellen der Froschzunge und ihr Verhältniss zum Bindegewebe; Deutsche Klinik, 1857, No. 21, und Müller Archiv, 1858, pag. 174.

‡ Die Absorptionwege des Fettes. Moleschott, Untersuchungen IV, 1858.



fibrillæ, he thought it justifiable to consider the epithelial cells merely as appendices to those connective tissue formations, from the elements of which they had developed and had been constantly reproduced. He abandoned the theory of the isolated position of the epithelia among the tissues, and extended his views over the whole class of the pedunculated and ciliated cylindrical epithelia. In the relation, then, of these two groups of tissues to each other, he believed that he had discovered the clew to an understanding of certain phenomena connected with the processes of the resorption of substances in all channels and spaces of the animal organism which were lined with these kinds of epithelial formations. A closer investigation into their minute structure seemed to support these views. In chromic acid preparations these cylindrical cells acquired the appearance of being provided with a pit at the upper surface, around which, or in which, the cilia were arranged in a circular line at the border of a kind of funnel-shaped orifice. Other observers, from the longitudinally striated appearance of the whole cell, or of its upper part, which then like a flat cover seemed to bound the cell, explained these as pores or minute ducts through the body of the cells. It was thus but a natural consequence to presume that the peduncle at the foot of the cell—the direct prolongation of its walls—in reality was a tube which served as a canal for conducting substances, taken up by the cells, into the deeper layers of the tissue. For the digestive tract Heidenhain, indeed, was convinced that he could prove the existence of such an arrangement by direct experiments. Consecutive upon injections of oil into the stomach of frogs, he saw the epithelium cells and their processes filled with finely-divided fatty matter, and he founded upon this his theory of the absorption of fatty

substances in the processes of digestion. Furthermore, however, he claimed the discovery of the existence of a system of ducts in the sub-epithelial connective tissue layers, into which the tubiform prolongations of the epithelia emptied, and which communicated with the lymphatics of the digestive tract.

In spite of the objections of Kölliker,\* Heidenhain found followers, and Friedreich† applied the theory to the epithelial covering of the ventricles of the brain. He puts much weight upon the striated appearance of the flattened or slight convex cover of the cells, and of that of the body of the cell itself, and he explains the striæ as a system of very minute capillary tubes, which traverse, in longitudinal lines, the body of the cell, and which terminate in the cilia. He also thinks it justifiable to bring these structural arrangements in connection with the processes of resorption in general, and he presumes the existence of a direct communication between the ventricles of the brain, and the central canal of the spinal cord on the one side, and the general lymphatic system on the other. This is accomplished by a system of canals, commencing from the cilia of the epithelium cells, and terminating, by their filiform prolongations, in connective tissue corpuscles, which represent the first elements in the construction of lymphatic ducts.

In regard, also, to other epithelial formations, the connective tissue theory found its advocates, and here Stilling, in another part of his work before mentioned, brought it to a culminating point. According to his views the whole fibrous body of the dura mater, the arachnoidea, the pia mater, were formed by, or composed of the manifold divided and multiplied filiform processes of the numerous epithelia which cover their

---

\* A. Kölliker, *Gewebelehre* 3te Aufl. pag 424 ff.

† Virchow, *Archiv* XV, pag. 535.

surface. All the connective tissue fibers in the neighborhood of the spinal cord, are claimed by him to be but prolongations of epithelium cells. The epithelia of the cornea, of the serous membranes, the mucous membranes, the cutis, etc., he claims to be provided with processes which form fibers, so that all connective tissue between the muscles of the trunk, and the extremities probably, were in connection on the one side with the epithelium of the cutis, and on the other with that of the thoracic and the abdominal cavities.

Nothing of this, however, has been confirmed. The views of Billroth and Heidenhain were criticised by Hoyer,\* who, warned against premature theories. He denied all connections, at least of the epithelia above the termination of the nerves, with connective tissue fibers or corpuscles. L. Ranvier† rejects the conclusions of Heidenhain entirely. In regard to the development and reproduction of the epithelia, we must refer to the investigations of Heiberg,‡ who studied the mode of regeneration of the epithelium of the cornea, and the epithelia in general. He arrived at the following conclusions: A participation of wandering (connective tissue) corpuscles in the regeneration of epithelia does not take place; an amorphous blastema as a basis substance for the regeneration of epithelia has not been observed; the regeneration of epithelial cells proceeds from epithelial cells around the border of the defect. These statements were, in the main, con-

---

\* Mikroskopische Untersuchungen über die Frorshzunge. Reichert und Du Bois-Reymond, Archiv 1859, pag. 501.

† Nouveau Dictionaire de Médecin, Art. Epithelium. Paris, 1870.

‡ Ueber die Neubildung des Hornhaut Epithels und des Epithels im Allgemeinen, Stricker. Studien, Wien, 1870.

firmed by G. Lott,\* by Rollett,† and others, and are undoubtedly not in favor of an existing intimate connection between epithelial and connective tissue formations.

Other difficulties with which the theory meets, arise when we consult the history of the development of the tissues of the animal organism. The rudimentary embryonic body, according to Remak,‡ consists of three leaves or germinal plates, the superior corneous, the intermediate or middle germinal, and the inferior or intestinal glandular leaf or plate. From the corneous plate originates first of all the epithelial covering of the body. The axial portion enters into the construction of the nervous centers and the internal portions of the organs of sense. The inferior or intestinal glandular plate supplies the epithelia of the digestive apparatus, of the glands including lung, liver, etc. These epithelial formations principally appear in the form of cylinder cells, either naked or ciliated. The middle germinal plate, finally, in which the whole group of connective tissue substances originates, supplies the class of so-called false epithelia, or the endothelia of His.

We see, therefore, that the two groups of tissue have their separate mode of development from the beginning. It is true that against the validity of this argument, the fact has been offered, that in the last instance, all form elements of the animal organism originate from one source, but this objection can hardly be sustained. Both groups belong to well defined series of formations which, although proceeding from a common point, develop in entirely different directions, and as nature, in

---

\* Centralblatt für medicinische Wissenschaften, 1870, No. 37, und, Untersuchungen aus dem phys. Institute in Graz, 1873.

† Stricker, Gewebelehre Art. Hornhaut.

‡ Embryology.



all differentiations, invariably marks the course which she has taken, we can not presume that she has wiped out the traces, in one direction, in this case.

Excellent means for the purpose of proving the relation of organs and of tissues to each other, are offered in the study of comparative anatomy and histology. In lower classes of animals where the whole plan of organization is more simple, we can almost always expect to find the relation of parts to each other less complicated and more distinct. This refers, in a higher degree, to the tissues which have entered into the construction of the body, than to the organs, of which frequently one or more may be discovered, the true nature of which has remained a secret. The analogy and the homology of the tissues, however, with those of higher developed animals will only rarely become an object of discussion. In regard to the epithelial and the connective tissue formations, and their relation to each other, the study of the organization of the Mollusca offers great advantages. Both systems are highly developed. The different forms of the connective tissue formations do not lack in variety, compared with those of the vertebrata. Here also it presents itself as a continuous system, the cells of which, according to the locality and physiological destination enter into the most various modifications. Especially does this relate to the formative activity of the protoplasm, and the nature and peculiarity of the intercellular substances. The same must be said of the epithelial structures, which in their histological types entirely coincide with those of the vertebrata; the external covering, the epithelial covering of the digestive tract, the epithelia of the glands, the neuro-epithelia. The epithelia of but one layer display here the same fibrous or filiform prolongations into the sub-epithelial connective tissue stratum, as in the verte-

brata, and the ciliated epithelia can not be distinguished from those of the latter. The three animal functions—the resorption, the secretion, the perception, are intimately connected with the life-action of these cells, even where the execution of these functions lies only with a few, for this purpose, differentiated cells. Regarding their relation to the connective tissue, in general, there can not be any doubt. The maceration in a solution of oxalic acid and iodized serum, or bichromate of potash, of one per cent, will facilitate the examination. The epithelia are mostly separated, with ease, from the subjacent connective tissue layer, even where the cell, with manifold divided processes, ramifies between its strata; a connection with connective tissue corpuscles or fibers does not exist.

The structure of the ciliated epithelia may sometimes be observed with great clearness. The head part of the cell is closed by a kind of a cover, or a border of thickened protoplasm, which is perforated like a sieve, and through the foramina of which the cilia project into the body of the cell. The most interesting of all are the neuro-epithelia, which are marked by their connection with or their relation to nerve fibers, and we meet here with the same differences in arrangement and the same modifications in the structure of the form elements as in animals with highly-developed sensory apparatuses. Everywhere, however, are the epithelial formations, characterized by something aboriginal in their structure, and through the whole organism they maintain a structural continuity in such a manner that even the glandular epithelia can but be considered as a direct continuation and inflexion of the surface epithelium. In the higher differentiated animals, with a more independent development of organs, this continuity, of course, is difficult to demonstrate, and although they

originate in the same layer of the blastoderm, it must be admitted that there exists a difference from the very first in the direction of their growth.

It was therefore quite natural to make a distinction between epithelia which grow outward and those which grow inward, the former investing the entire free surface of the organism, the skin and the mucous membranes, the latter occupying cavities formed by the parenchyma of the body. This distinction became the more interesting and important as it, at the same time, indicates a difference in the functional activity of the two classes. The first class comprises the epithelial formation which act as a mediator for the processes of absorption and sensation, or, if we look upon the latter from a mechanical point of view, of absorption alone in its two forms, as the absorption of matter and the absorption of motions. The second class occupy the same position in the processes of secretion.

From all that we know, at the present time, of the peripheral terminations of the sensory nerves, there can not be any doubt of either their direct connection or close relation to epithelial formations. We are only ignorant of the terminations in the mucous membrane of some parts of the alimentary canal. In the manner of terminating, however, aside from the elementary structure differences will be observed, which should not be overlooked. The nerves of the sense of touch, the optic and the auditory nerves enter with their fibrillæ into epithelial formations; the gustatory and the olfactory nerves terminate *between* epithelium cells. The former, by this arrangement, do therefore not come into direct contact with the motions transmitted to them from the external world. The latter terminate free on the surface of the organs, and are thus exposed to immediate chemical action upon them. The epithelium cells, sur-

rounding the same, predominate in number and superficial expansion, and probably are absorbing cells, and may serve at the same time for the purpose of modifying the action. In the glands there exists an intimate connection between nerve fibers and the secreting cells.

It will be seen from the foregoing that the independent position of the epithelia among the tissues on the one hand, their important functions and close relation to nerve tissue on the other, demand a many-sided consideration. Even the external epidermic cover of the body can not only be regarded as a protecting layer of blood-and-nerveless tissue. It must stand in some relation at least to those sensory nerves which produce the feeling of warmth and cold, and it would appear that the heat must be transmitted through this cellular layer, to give rise to this sensation ; for just as touching a naked nerve, or the trunk of a nerve, produces pain only, so heating or cooling an exposed nerve, or the trunk of a nerve, creates not a sensation of heat or cold, but simply of pain.

I proceed now to a special consideration of the epithelia lining the axis canal of the cord and the ventricles of the brain, which will be the subject of another article.



# THE STRUCTURE OF THE VESSELS OF THE NERVOUS CENTERS IN HEALTH, AND THEIR CHANGES IN DISEASE.

---

BY THEODORE DEECKE.

---

## II.

In a former article in this JOURNAL,\* I gave an account of the normal structure of the vessels of the nervous centers. I now proceed to a discussion of the circulatory movements in the cranial cavity. Since the untenability of the old Monroe doctrine, that the amount of blood circulating in the cranial cavity, could not vary so long as the unelastic walls of the skull were not injured, has been demonstrated, experimentally, by Burrow, Donders, Kussmaul, Leyden, Ackermann and Jolly, we look upon the changes in the relative amount of blood, as well as in its aggregate quantity in the brain, just as in any other organ of the body. Notwithstanding this, however, we find arrangements in the central organs for the purpose of regulating the circulation, and of compensating the same, to a certain degree, when the variations exceed the normal standard, which are peculiar to the organ. There is, in the first instance, the cerebro-spinal fluid, discovered by Cotugno, 1764, who saw the fluid filling out the whole sheath of the spinal cord, from the foramen magnum downwards. He placed its site in the arachnoid sac, and he suggested the existence of a communication of this fluid with the contents of the cavities in the brain, through the fourth ventricle, and the aquæductus Sylvii. In 1825 Magendie re-discovered

---

\* Vol. XXXIV, page 18.

the fluid, the existence of which was almost entirely forgotten. He was already fully aware of its physiological significance. According to him and to later investigators, the cerebro-spinal fluid is located between the dura and the pia mater in the sub-arachnoid space. Its quantity amounts to from two to three ounces, and it represents a clear fluid, marked by the small amount of albumen and saline matter which it contains, in comparison with other serous fluids. Magendie ascribed to it the important function of producing a uniform and continuous pressure upon the central organ; a view that in general has been sustained. Leyden\* found the pressure equal to from ten to eleven centimeters of water; the pulsatory elevations of the column of water were about 0,4 ctm, the respiratory two to three ctm. These figures show that the pressure is indeed a positive one. It can not, therefore, be surprising that the removal of this fluid was marked by more or less severe symptoms. Cl. Bernard† found that a slow evacuation produces only slight disturbances, as long as the issuing fluid is replaced by air. By the use of an aspirator, however, and by excluding the air tremor developed, which was followed by convulsions and paralytic symptoms. The autopsy revealed a dilated axis canal, small apoplectic foci, and a swelling of the whole substance of the cord. Bernard concludes from this that the fluid serves as a regulator for the circulation in the spinal cord, and that it counterbalances the pressure in the vascular system. With the evacuation of the fluid by the aspirator, under the exclusion of air, the positive pressure was converted into a negative one, which fully explains the pathological alterations referred to. Other

---

\* Ueber Hirndruck und Hirnbewegungen, Virchow, Archiv XXXVII, pag. 519.

† Leçons I, pag. 475.

points of interest are the pulsatory and respiratory movements of the cerebro-spinal fluid. Magendie speaks of these in the following words:

“The sinuses of the cranial cavity, and those of the spinal canal, differ essentially from each other in regard to the physical conditions of their walls. While those of the cranial cavity, of certain dimensions, are not subjected to a variation in the lumen, those of the spinal cord do not resist an alteration of their volume. Tension and rigidity is the character of the former ones, elasticity that of the latter. In the moment of expiration the sinuses of the spinal cord swell and produce a pressure upon the dura mater in the direction towards the cord. We know that the space between the spinal cord and the dura mater is occupied by a liquid; the pressure upon the dura, therefore, is a pressure upon this liquid. What will be the consequence? The liquid will give away in the direction where the resistance is the smallest, it will, since there is no obstruction whatever, enter the cranial cavity. The sinuses of the brain are not dilated, because their walls do fully counter-balance the pressure from the venous blood. The cerebral fluid is exposed to a lower pressure than the spinal, the surplus of the latter will force the fluid into the cranial cavity.”

These ingenious views of Magendie are in general adopted by physiologists. Unexplained, however, remains the origin of the fluid, and its closer relation to the vascular system of the nervous centers. Against the theory of a simple exudation, caused by the pressure of the blood, is opposed its composition, which so widely differs from that of other hydropic liquids, and, by the same reason, a direct communication with lymphatic vessels must be denied. Besides, neither the one or the other theory would account for the actual or positive pressure, which the fluid exerts. There remains, therefore, only one suggestion, that is, to regard the cerebro-spinal fluid as a product of secretion of a serous membrane, of the arachnoidea itself, and perhaps of the serous membrane which lines the axis canal of the spinal cord and the ventricles of the brain.

Regarding the actual relation of the cerebro-spinal fluid to the movement of the blood in the vessels which penetrate the central organs, it must be kept in mind, that the substance of the brain and the cord are incompressible. The aggregate quantity of blood, therefore, which at a certain time is in circulation, and the relative amount of arterial and venous blood can only be regulated by arrangements in the structure of the vessels themselves. It is generally accepted that the so-called lymphatic sheath, or the perivascular lymph-spaces, by which the cerebral vessels are claimed to be surrounded, serve as regulators. When the cerebral vessels become distended, a corresponding quantity of the contents of these spaces is displaced, and, conversely, the diminution or the abstraction of blood from the vessels is concomitant with a filling up of their lymphatic envelops. Although there is not yet anything definitely known of the communications of these lymphatic ducts with the sub-arachnoid spaces, the ventricles, etc., and the lymph-glands of the head and the neck, some evidence has been given that such connections do exist.

Gaethgens found, that through an injection of defibrinated blood, under high pressure, into the carotid, the lymph could be made to flow rapidly out of the lymph-vessels of the neck.

Against this theory of general connections, there has only one fact been brought forward, that is, as has been mentioned above, the remarkable difference in the chemical composition of the cerebro-spinal fluid, and of the liquid contained in the lymphatic ducts. Besides, however, it should not be forgotten, that in the former, no organized lymphatic elements have been observed. This awakens the suspicion that the arrangements are not quite as simple as accepted.

In the first part of this paper\* I have called at-

---

\* Loc. cit. page 23.



tention to some differences in the structure of the so-called tunica adventitia of the arteries and the veins of the nervous centers, which have not yet been taken into consideration. It is only the tunica of the veins which exhibits, in its endothelial structure, the character of a true lymphatic duct, while that of the arteries is built up of other material, of broad, fibrous connective tissue elements, spindle-shaped cells, with long processes, and large, slightly oval nuclei in the outer, and smaller round nuclei in the inner layers of the membrane. This latter, also, does not contain, in health, any free cell-formations of a lymphatic nature. More recent investigations, made on transverse sections through the whole brain, with its membranes, have confirmed these statements. They show that indeed, only the spaces surrounding the veins, are direct continuations of the lymphatic ducts of the pia mater, while the enveloping membrane of the arteries does not stand in communication with the same. This difference is very striking in large sections, examined even with low powers, which permits bringing quite a number of vessels, entering the grey cortex in the field of vision. The funnel shaped mantle of the veins will be found almost always extended, sometimes densely packed with lymph corpuscles, while that of the mostly contracted arteries, either loosely envelops the vessel, or in a collapsed condition, firmly adheres to the muscular coat.

Proceeding now from these anatomical facts to their physiological significance it would appear not unreasonable to modify the views, hitherto advanced, in regard to the roll which these adventitious membranes and their contents play in the circulatory arrangements of the central organs. The condition of the tunica adventitia of the arteries, and its relation to the proper walls of the vessels, demand the assumption that during life

the space formed by it between the elastic walls of the vessels and the organ itself, must be filled out by a liquid body, which counterbalances the pressure of the blood inside the vessels or gives away to it. As now, according to the anatomical relations, these spaces do not communicate with the lymphatic ducts, it seems not to be out of the way to presume the existence of a connection with the cerebro-spinal fluid, and this seems to be the more acceptable, as only by this arrangement the pulsatory movements of this fluid can be explained. We have, therefore, two regulators of the circulation in the central organs, to a certain degree independent of each other, the one belonging to the arterial, the other to the venous system, the importance of which will be fully appreciated, when we consider that by this arrangement the whole capillary system, from all deviation from the normal state, which may occur in the one or in the other direction, will be affected only in the second or the third degree. The principle, condensed in a few words, will be the following: an increase of arterial blood will be attended by a displacement of the cerebro-spinal fluid and, in certain limits, even an elevation of the intercranial pressure may be produced without involving any changes in the normal venous afflux. The venous stasis will be concomitant with a displacement of the contents of the lymphatic spaces, yet without a retardation of the arterial afflux.

The application of this principle to pathological condition will be the object of discussion in a later article. It remains here, for the sake of completeness, to refer to some further arrangements which have been called up for the purpose of explaining other phenomena connected with the regulation of the intercranial circulation, the influence of which undoubtedly must be acknowledged. According to Maingien and Guyon the

thyroid gland is claimed to furnish means for the regulation of the cerebral circulation. When, in consequence of excessive muscular exertion, the veins of the neck become compressed and danger arises of a venous congestion in the brain, the gland, increased in size by this occurrence, is said to press against the carotids, and to diminish, consequently, the flow of blood through them, and to remove in this way the cause of a further distention of the intercranial vessels.

Schröder v. d. Kolk,\* from the result of injections, believes that in the pia mater a direct communication exists between the arteries and the veins by anastomoses, so that the passage of the whole amount of blood through the capillaries of the brain substance is not rendered absolutely necessary. This has not yet been confirmed, but Heubner† found that the arteries of the pia mater form a network of anastomoses in such a manner that there exists a free communication between all parts of the membrane, an arrangement by which a compensation in cases of local deviations from the normal state must be facilitated. And Heubner discovered furthermore that the arteries form a second network before they send off branches into the cortical substance of the brain. These anatomical conditions, of course, would add greatly to the protecting arrangement with which the central organs are supplied.

(TO BE CONTINUED).

---

\* *Geisteskrankheiten*, pag. 52, 91.

† *Die Luetischen Erkrankungen der Hirnarterien*, Leipzig, 1874.

## AN ENGLISH VIEW OF NON-RESTRAINT.

---

In the *Birmingham Medical Review*, for October, 1878, there appeared an article, of which we give extracts below. The author is a man of experience in the treatment of the insane, and his remarks upon a dogmatic "system" of non-restraint, are based upon extensive observation in England and on the Continent.

### RESTRAINT IN THE TREATMENT OF INSANITY.

---

BY G. F. BODINGTON, M. D., F. R. C. P.

---

*"Nil medium est."*

---

"The pendulum of opinion is apt to swing too far. It swings, not seldom, so far beyond its due limit as to come to a dead-lock, and to check the machinery it ought to regulate. When suddenly released, a strong rebound occurs, and it swings again as much too far as it did before, but this time in the contrary direction.

There is, perhaps, no department of human knowledge to which this illustration is inapplicable, no science nor art in which wild views have not at some time or other prevailed, none in which the reaction from wild views has not been productive of mischievous results. *Dum vitant stulti vitia in contraria currant.* This is not less true of medicine than of other sciences and arts. Possibly, indeed, it is more true of medicine than of most others. The very difficulties met with seem to invite certain minds, of an over-confident and utopian turn, to extremes of opinion and extravagancies of practice. The intricacy and obscurity of the problems to be unravelled, tempt men to plausible explanations, clever hypotheses, and the propounding of well-rounded general laws. The desire to explain the inexplicable, is a passion with many men, to whom a neat theory is better than the best of practical views. Hence we have had, from time immemorial, doctrines, and systems, and schools, and corypheuses in medicine with all their inevitable fruits, a medley of rivalries, hatreds, dogmas and denunciations. These things, however, have for the most part died



out, and practitioners of the art of medicine are now-a-days reputed to be persons of discreet and sober judgment, of well-balanced minds imbued with the true scientific spirit, which takes in all facts, and impartially considers all sides of a question. Medical practitioners have heavy responsibilities. Many grave matters come before them for decision. Life and death are the issues they have to consider. Hence care and caution, in addition to knowledge and scientific training, are expected from them. As a rule the expectation is realized. They themselves have a strong sense of the weight of their responsibilities. Prudent reflection becomes habitual to them. Steadiness of judgment, and a grave habit of mind, grow to be their characteristic qualities. Such persons may be let out of leading strings. Such, surely, are fitted to be entrusted with all remedies and therapeutical means whatever, to employ them at discretion; if not they, then there can be none who are fitted to exercise such functions. But if medical practitioners are fit for such a trust, on what reasonable ground can it be demanded that any class of remedies, or any one remedy or therapeutical agent in particular, shall be forbidden them? Is it conceivable that persons who may be entrusted with nine hundred and ninety-nine remedies, become untrustworthy with regard to the thousandth? Is any one remedy so exceptional that its use must be forbidden to instructed, duly qualified people, who are allowed, without question, to use all others at discretion? The answer is so obvious that the question will be deemed superfluous. It will be said at once that those who may be entrusted, without control, with vast numbers of remedies and curative means—many of them powerful instruments for harm if carelessly or ignorantly handled—may be empowered to use all known remedies and methods without exception. But, it will be exclaimed, there is no exception, all remedies whatever are at the disposal of practitioners to reject or employ them under the sole guidance of their own judgment. This answer, however, requires qualification. Incredible as the statement may seem at the first blush, there is, nevertheless, one means of treatment which is forbidden by certain people in certain quarters, one which is tabooed by authority. To assert this, to say that a particular therapeutical remedy is put under interdict, seems, when barely stated, so extraordinary as to surpass belief. Yet the assertion is true. The allegation that there is an *Index Expurgatorius* of therapeutical means, even though containing but one item, may excite incredulous smiles; nevertheless such an index exists. \* \* \* \* \*

It is well known that in former days the treatment of insanity was barbarous and brutal. The case has been so thoroughly ventilated that it is enough here merely to allude to it.

From the day when Pinel published his celebrated treatise, a new and a better era began, which has lasted till now. But in this country those who followed in Pinel's steps became, unfortunately, too reactionary. The pendulum of opinion rebounded too far. In removing chains and abolishing cruelties, they abolished altogether mechanical restraint. They propounded a theory and framed a body of doctrine. In short, they established a "system"—the famous "Non-Restraint System," which has flourished uninterruptedly under the patronage and support of official authority from the time of its first promulgation until now."

The author then asserts that the advocates of non-restraint never seemed to imagine that the opposite side had any arguments to advance. "They made it not a question of science, but of orthodoxy and heresy. Men in office do not hesitate, for the maintenance of their own opinions on this question, and for the support of this dogmatic creed, to override the judgment, and denounce the practice of medical officers of asylums, and to dictate a method of treatment of their own prescribing.\*

It is not necessary here to marshal all the arguments that have been adduced against the "Non-Restraint System." The main point intended to be maintained in this paper is this, namely, that "Conollyism," to borrow an apt term, completely ignores the consideration that in excluding mechanical restraint from the repertory of medical means and appliances, it may possibly be excluding a valuable remedy calculated to promote the patient's recovery. If this is the case, so far from being a humane system, it is eminently inhuman, for, surely, the first object of medical practice, after prevention, is the cure of disease. The triumph of the physician is not the sublimation of a "system." The recovery of the patient is the triumph of the physician. There is a *primâ facie*

---

\*The whole tone of the Lunacy Reports justifies this remark, but for a flagrant example of interference with the independent judgment of a medical superintendent, see the case at Colney Hatch, recorded in the Twenty-Seventh Annual Report of the Commissioners in Lunacy, 1873, page 20. Dr. Sheppard's reply to the Commissioners is alike unanswered and unanswerable. Their rejoinder is a mere official reproof. No unbiassed mind can fail to perceive that the Commissioners, in interfering in this instance, with the treatment adopted by a duly authorized and responsible medical man overstepped the just limits of their official duties.

cause for suspecting "Conollyism" to be a quackery, for, like all quackeries, it vaunts itself in loud, denunciatory, yet self-asserting tones. It admits no doubts, no deviations from its own dogmas, no tests, no experiments. It is all-sufficient and self-sufficient. Their own wisdom, and the folly of opponents, are in the minds and mouths of its advocates, foregone conclusions. Yet the existing state of lunacy practice may well make him hesitate, who comes to the consideration of the case with an unwarped mind. For such a one there are some ugly facts to be dealt with which can not be glossed over. It is true enough that asylums can be managed, are managed on the "Non-Restraint System" in England, but it does not follow that they are managed in the best possible manner, or the patients so treated as to promote the greatest possible amount of recovery. Lunatics can be regimented, and asylums made places of beauty, snug and shining inside and out, greatly to the delectation of visitors, and the smooth self-satisfaction of official inspectors, who view everything through the dazzling halo of the much cherished "system." The picture is glowing as painted in official reports, but there is a reverse side of it, of sad and sombre hue, a picture of violences, bruising, throttling, crushings and rib-breakings, committed upon insane patients, with a ghastly corner grim with suicides and murders.\* Newspaper reports, and the assertions of attendants, as well as the author's personal knowledge, are referred to in illustration and confirmation of the charges of cruelty and abuse under this "system," and the author says: If these things are true, the supporters of the "Non-Restraint System" can hardly be too severely censured or their rosy representations too sharply criticised.

\* \* \* \* \*

---

\* In the ten years ending December 31st, 1876, the suicides committed in asylums in England, according to the Reports of the Lunacy Commissioners, were as follows, viz:

1867, 25; 1868, 14; 1869, 20; 1870, 16; 1871, 12;  
1872, 29; 1873, 28; 1874, 12; 1875, 21; 1876, 25.

Total 202 suicides in ten years. It can hardly be doubted that a large proportion of these suicides might have been prevented had the certain method of mechanical restraint been relied upon instead of so vacillating, uncertain, untrustworthy a resource as human attention. But the "system" forbids this sure method of guarding the lives of suicidal patients. In addition to these suicides a considerable number of injuries and violences committed upon patients, by attendants, are put on record in the same reports, resulting, in some instances, in death.



It is perfectly evident that a humane treatment of the insane is not yet arrived at, and the advocates of the existing methods in England have to show cause why the glaring evils of the present fashionable treatment should not be laid at their doors. They must indeed confess failure and take a new departure. Otherwise they will have to be driven ignominiously, by force of circumstances, and the inevitable, though tardy logic of facts, from the position of authority, to which, by much boasting and vain-glorious mouthing, they have contrived to attain.

Under any circumstances whatever, that official terrorism which now disfigures and degrades lunacy practice in this country will have to be abolished. Is it to be tolerated, that medical men should be subjected to tyranny about matters of opinion? There are two sides to this question, as to most other questions. On the continent of Europe, and in America, the vast majority of lunacy practitioners, many of them men of world-wide renown, refuse to accept the "Non-Restraint System." The exceptions, indeed, to this are so few that mechanical restraint elsewhere than in England is in all but universal use. Notwithstanding this we have unimpeachable testimony from various quarters that the treatment of the insane is not deteriorated by the practice. Dr. Rogers, for example, uses the following language: "When, too, we regard the practice of other countries, notably of Germany and France, we find that a frequent resort to restraint is by no means commensurate with neglect of the medical treatment of the insane; on the contrary, no nations have contributed more to the literature of insanity in its medical aspects."\* In this country, too, there are many practitioners who consistently hold the view that mechanical restraint is an advantage, if not indeed a necessity, in the treatment of insanity. They are, however, overborne by authority, and are hindered from putting their principles into practice by the species of terrorism, especially official terrorism, to which allusion has been made.

The fallacy underlying the position of the anti-restraint party is an example of that common fallacy which consists in arguing from a special case to a general rule, the special case being, in this instance, the inhumanity and worse than uselessness of cruel punishments in the treatment of the insane; the general rule derived

---

\* See President's address at the Annual Meeting of the Medico-Psychological Association, 1874, by Thomas Lawes Rogers, M. D., medical superintendent of the Lancashire County Asylum, at Rainhill.—*Journal of Mental Science*, vol. xx, page 327.



from it is, "Abolish all mechanical restraint whatever." It is as if a man were to say, "My wife always suffers torments of indigestion if she eats pork chops, therefore abolish pork as an article of diet altogether." The non-restraint argument is not at all better than this. Lord Shaftesbury's argument against restraint, in his evidence before the select committee of the House of Commons, is no whit better, when he declares that, "If we ever go back to any portion of it (mechanical restraint), it will become universal, and matters will be worse than they were before."\* The *non sequitur* in this passage is palpable.

The question, as a scientific question, is still *sub judice*, and, as long as it is so, those who regard restraint as, in certain cases, beneficial, have an equal right to their opinion with those who regard it as in all cases injurious and unwarrantable. The right of freedom of opinion is now in contest. No party has the slightest shadow of a just pretense to cast a slur on, or to invoke obloquy upon any person or persons who hold different views on such a question as the one now under discussion. Above all, official position confers no divine right to settle the controversy, and the claim of officialism to pronounce judgment *ex cathedrâ* upon a matter which has yet to be decided on grounds of scientific observation, is pretentious, tyrannical, mischievous and absurd.

"Bien des objections se sont élevées en Angleterre même contre le no-restraint pratiqué d'une manière aussi absolue. On a dit que l'usage modéré et temporaire de la contrainte mécanique causait moins d'irritation à l'aliéné qu'une lutte, corps à corps, engagée avec lui; que dans les cas de penchant violent au suicide, ou d'impulsions malfaisantes, cette contrainte, bien plus sûrement que toute surveillance, l'empêchait d'être nuisible à lui-même et aux autres; enfin que le maniaque agité, muni d'une camisole, pouvant sans inconvénient courir en plein air et faire de l'exercice, ce mode de traitement était bien moins préjudiciable à la santé que la réclusion prolongée dans une cellule. On a ajouté que le no-restraint poussé jusque dans ses dernières limites entraînait avec lui de sérieux inconvénients; et dans un rapport adressé au Conseil général des hospices sur les établissements d'aliénés d'Angleterre, M. Batelle a signalé dès 1844, les luttes violentes, les blessures, les homicides même qui lui avaient été signalés dans quelques-uns des asiles qu'il avait visités. Et d'ailleurs pour celui qui envisage la question en dehors de toute préoccupation systématique, les bras

---

\* See "Report, Lunacy Law." House of Commons, July 30th, 1877, page 543, question 11,335.

des infirmiers, les cellules matelassées, ne sont ils pas de véritable moyens de contrainte analogues à ceux qui sont en usage parmi nous? \* Thus wrote Professor Marcé in 1862. It does not appear that the years that have elapsed since 1844, thirty-four years of trial of the "Non-Restraint System," have sufficed to eliminate from lunacy practice in England "les lutttes violentes, les blessures, les homicides même" of which Professor Marcé here speaks. The personal vigilance which is declared to be the essence of the "Non-Restraint System" has proved itself a broken reed. If, indeed, it were possible to obtain angels as attendants on the insane, the unintermitting forbearance and unvarying command of temper demanded by Conolly and his followers might have a prospect of realization. But the partisans of the "Non-Restraint System" never seem to recognize nor reckon those ineradicable factors in the calculation, human temper, human impatience, human weariness—in a word, human weakness. Attendants, as drawn by them in pictures of roseate hue, are beings of supernatural type, free from human failings. But, as a matter of fact, such beings as they depict are not to be met with in this sublunary scene. The imaginary attendant of the "absolute non-restraint party," does not exist, and can not be developed from the materials at hand; for the materials are mere human beings. Ordinary human beings constitute the class from which asylum attendants are and must be taken. The partisans of the "system" forget or neglect this fact. The great indictment against them is that they do not confront the realities of the case. They try, on the contrary, to fit everything to theoretical, ideal, imaginary views. Hence their ignominious failure in practice. Hence the reason why, after forty years of full swing of the "Non-Restraint System," forty years of supercilious denunciation of all who have refused adhesion to the orthodox tenets, lunacy practice in England is still disfigured by "les lutttes violentes, les blessures, less homicides même." Hence it is that official reports and non-official newspaper columns teem with records of lunacy scandals—scandals evaded or coolly put aside as "accidents" by visionary enthusiasts wedded to an inflexible incorrigible "system."

\* \* \* \* \*

When used protectively mechanical restraint is a humane and a safe means. It is so because it produces infinitely less irritation,

---

\* *Traité Pratique des Maladies Mentales*, par le Dr. L.—V. Marcé, Professeur Agrégé à la faculté de médecine de Paris, médecin des aliénés de l'hospice de Bicêtre; page 215.

anger, discomfort, pain and terror in the patient than manual restraint, even if the latter be ever so judiciously applied. It is so because it can be regulated by the medical superintendent, whereas manual restraint can not be so regulated, being dependent upon the will or caprice of the attendant in charge, who may be bad-tempered; who is sure, in harassing cases, to become weary and who will, in all cases, administer it according to the varying impulse of the moment. Whence it follows, that manual restraint can never be regular, equable or certain, and is seldom gentle. Lastly, mechanical restraint is humane and safe, because the instruments of mechanical restraint are free from vices of temper, from impatience, irritability, vindictiveness, passion or tyranny,\* because they can neither threaten, nor strike, nor throttle, nor kneel on the chest, nor crush the ribs, nor shatter the breast bone. Thus mechanical restraint is, as now contended, not only a humane and safe means of protection to the patient, but it is calculated to obviate and abolish the cruelties and brutalities that spring out of the practice of manual restraint, that form of restraint in common use by the "non-restraint" party under the flag of the so-called "Non-Restraint System."

So far the protective purpose of mechanical restraint has been the chief subject of remark. But though highly important and useful as a means of protection and safety, there is a still more important purpose for which it may be advantageously employed. As a direct curative means it is one of the best therapeutical remedies at command for procuring that absolute rest so essential in the treatment of acute insanity. "In every case," says Griesinger, "if acute and recent, the primary indication is absolute rest of the brain."† This sentence may be accepted as an aphorism. It contains a cardinal truth as applicable to a brain in a state of functional disorder as to an inflamed knee joint or a fractured rib. By way of instance let us consider acute mania. The restlessness, sleeplessness, constant talking, and incessant muscular movements of this form of insanity are sources of intense exhaustion, which, if not arrested, may sooner or later destroy life. "Exhaustion after acute mania" is one of the commonest causes of death to be found

---

\* "What, again, can be conceived more afflicting to a man who has any intelligence and sensibility left than the vulgar tyranny of an ignorant attendant—a tyranny which the best management can not altogether prevent in a large asylum?"—Maudsley ("The Physiology and Pathology of Mind," Second Edition, page 497).

† "Mental Diseases." New Sydenham Society's Translation, page 464.



in statistical tables of insanity. It may, indeed, be said that when "acute delirious mania" proves fatal, as it frequently does, death is always the result of exhaustion. "It is," says Dr. Blandford, "exhaustion that kills: we do not find by post mortem examination any lesion of the brain or other organ sufficient to cause death."\* Conolly himself recognized this danger, and the importance of rest as a means of treatment. "No physician," he says, "of experience in cases of insanity can be unacquainted with the tendency to exhaustion and death in all recent cases of violent insanity, a tendency which struggling with restraints, or the continued excitements unavoidable in a crowd of lunatics, greatly increases, and which silence and rest can alone obviate."† Dr. Bucknill says: "In the first stages of acute insanity all attempts at moral treatment are futile. That which, at this period, is called moral is purely physiological—namely, removal of causes of cerebral excitement, and the arrangement of circumstances so as to secure, as far as possible, a state of cerebral repose."‡ It will, indeed, be conceded by the majority of observers that rest in acute insanity is an essential ingredient in successful treatment. Rest of the disordered organ, that is of the brain, is the primary object to be attained. The question for most of us is, indeed, not whether rest is desirable, but how best it may be procured?

Exhaustion results not alone from disturbance of function of the nervous centers, but likewise from the superadded long-continued exertion of the muscles and motor nerves. "The fatigue of which, after prolonged or unusual exertion, we are conscious in our own bodies, arises partly from an exhaustion of muscles, partly from an exhaustion of motor nerves, but chiefly from an exhaustion of the central nervous system concerned in the production of voluntary impulses."§ If it be true, as here stated, that ordinary fatigue in a state of health is due partly to exhaustion of the muscles and motor nerves, it must likewise be true that exhaustion in states of mental disorder is partially derived from the same source. Any one who is familiar with acute insanity must, indeed, recognize the fact that the resulting exhaustion is, to a large extent, directly

---

\* "Insanity and its Treatment." Second edition, page 237.

† "The Treatment of the Insane without Mechanical Restraints." 1856; page 43.

‡ Bucknill and Tuke ("Psychological Medicine." Third edition, page 672.)

§ "A Text-Book of Physiology." By M. Foster, M. A., M. D., F. R. S. 1877; page 65.



proportionate with the bodily restlessness and disorderly muscular movement. Hence it follows that if excessive muscular action be subdued, the tendency to exhaustion *quoad hoc* will be diminished. Treatment, therefore, must be directed to securing rest by checking incessant and disorderly muscular movements. Exhaustion being the chief danger, the removal even of a portion of its source is an advantage gained. Lightening the burden may just make all the difference between life and death. But the removal of that amount of the exhaustion merely which is due to over-fatigue of the muscles and motor nerves is not the total gain. If the muscular movements are duly restrained, the "central nervous system concerned in the production of voluntary impulses" is also controlled. So long as muscular movement is possible, voluntary efforts continue, but movement being made impossible, the efforts are discontinued, and the volitional motor centers come to a state of rest. Such, at least, is the case according to the experience of the present writer. Hence it is that we have in the application of restraint a valuable remedy, as previously alleged, calculated to bring the whole of the voluntary motor apparatus into a condition of rest, and thus to obviate the tendency to exhaustion, degeneracy of function, and death.

Much as restraint had been decried as well as banished from practice of late years, its power as a rest producing agent is not wholly unrecognized. Dr. Blandford, for instance, discussing the question of treatment by the wet sheet, says, "It is a powerful sudorific, and promotes sleep by reducing to the minimum the power of motion. There can be no question that when the latter is taken away, patients will often fall asleep. \* \* \* \* It will, I presume, be denied by those who use the wet sheet that its chief good arises from its being a form of mechanical restraint; but that it is the latter, for good or evil there needs no argument to prove."\*

The "wet sheet pack" was first introduced into asylum practice by Dr. Lockhart Robertson, in the Sussex County Asylum. It was continued by his successor, Dr. S. W. D. Williams. A controversy arose between Dr. Williams and the Lunacy Commissioners, who required the packing to be entered as restraint in the medical journal. This was subsequently done, but under protest, and so strong was Dr. Williams' antipathy to the mere word "restraint," that he confesses that "for many weeks after the visit of the Commissioners no wet sheet packing was prescribed. But,"

---

\* Op. cit., page 231.

he continues, "eventually its absence from our *repertoire* of remedial agents was so much felt, and its partial disuse so powerfully demonstrated to us its usefulness, that at last \* \* we abandoned our sentiments, and returned to the packing; feeling, indeed, that if we were satisfied of its beneficial effects we had no right to deprive our patients of its advantages." Dr. Williams argues that "to call packing in the wet sheet 'restraint' is a misnomer. The sedative action of cold water is a recognized therapeutical agent, and not long ago the medical papers teemed with reports of cases of disease wherein the temperature is abnormally high, and wherein the cold water bath was used with great effect. This remedy is, however, decidedly heroic, and we prefer to use the much less powerful agency of the wet sheet. But it is none the less a matter of treatment, and should not be designated restraint."\* The question whether the wet pack is, or is not, a form of restraint hardly merits serious discussion. Almost all will agree with the Lunacy Commissioners on this point, and with Dr. Bucknill, who says "the wet pack is mechanical restraint of the most stringent character."† The essential question is, whether the mechanical restraint which is undoubtedly applied is the efficient element in the treatment or not. The testimony of men so eminent as Dr. Lockhart Robertson and Dr. Williams gives this therapeutical remedy a high claim to consideration. Its efficacy is said by them to depend upon causes quite independent of the coercion unavoidably exerted. But the mechanical restraint, or coercion, or "passive resistance," or whatever euphemism the thing may be described by, is there. It exists, and may possibly contribute to the beneficial effect. The question is whether the observed results are due to the water or to the restraint, or to both combined. The way to solve the question is to use the two things separately, not so easy to do with regard to the water, but easy enough with regard to the restraint. Dry packing may be employed. It is quite true that if dry packing be effected by a quantity of heavy envelopes, blankets, counterpanes, or what not, the heat of the body is retained, the circulation is at first quickened, the face becomes flushed, and sweating more or less profuse, according to circumstances, speedily ensues in most instances. Dry packing so managed differs little in its results from wet packing. It is like the latter, a powerful sudorific, and, of course, it is open to anyone to

---

\* "The Journal of Mental Science," October, 1873. Vol. xix, page 452.

† Bucknill and Tuke (op. cit., page 654.)

say that part at least of any observed favorable results may be due to the increased action of the skin. But dry packing may be effected by means of materials of such a texture as not to produce sweating, and, indeed, may easily be so applied as to require the usual supply of blankets to maintain warmth. Under such circumstances the sudorific effect goes, of course, out of the calculation, and the restraint alone remains as the efficient remedial agent.

Dry packing used in this fashion will be found to produce the beneficial results claimed for the wet sheet. When once a maniacal patient feels that all resistance is useless, the effort at resistance, as previously pointed out, ceases, and sleep frequently ensues without any other treatment. The whole system, bodily and mental, comes to a state of much-desired rest. Even if sleep does not immediately supervene, a great advantage is gained in the mere quietude procured. But this advantage is supplemented by another of very great importance. It will be found that hypnotics act more quickly, more effectually, and in much smaller doses on a patient who is properly restrained than on one who is allowed to continue in a state of restlessness.\*

As to the method of applying the pack, wet or dry, little need be said. A good description of the wet pack is given in Dr. Johnson's work on hydropathy.† In cases of violent mania some means, it is presumed, must, as a rule, be adopted of fastening the sheets and blankets to prevent the patient from setting himself free. In dry packing a very strong sheet or a thin but strong counterpane is used. The patient, wearing only a night-dress, is laid upon this, the arms being placed straight down by the side. It is then wrapped firmly round the body and fastened by being sewed up, from the neck to the feet, with stout thread.

---

\* This, of course, is a fact of no weight with those who see no advantage in producing sleep. Dr. George H. Savage has recently declared, ("Guy's Hospital Reports," Third series, vol. xxiii, 1878, page 141) that, "The mere producing of sleep does little if any good in the majority of cases of insanity," and he relies chiefly, (page 164,) on *moral* treatment "by means of the right mental levers," whatever those implements may be. Few authorities, probably, will concur in this view. Dr. Bucknill, for instance, (op. cit., page 734), says, "It is, and must be, a great point gained that a patient suffering from acute mania should have a good night's sleep secured for him." Dr. Blandford, again, (op. cit., page 230), speaking of acute delirious mania, says, "But many of these cases are cut short and cured like delirium tremens if we can procure one long and sound sleep."

† Quoted in "Ringer's Handbook of Therapeutics." Third edition, page 31.



It may be here incidentally observed that neither packing nor any kind of restraint is ever to be used as a punishment. It is only advocated now as a protective measure and as a remedial agent. *It is taken for granted that it is only to be applied under the authority and direction of authorized medical practitioners, and no more to be left to the discretion of attendants than the administration of chloral, or morphia, or antimony, or any other medicinal remedy whatever.* Patients when packed are not to be left alone.

Patients when packed ordinarily lie quite still, but it happens sometimes that they rise up in bed or writhe about. If this were allowed to continue the object of the packing would be frustrated, the restraint being only partial. The restraint to be effectual must be complete, and it is requisite, therefore, under such circumstances, to fasten the patient to the bed. The best way of doing this is by passing a band of broad webbing across the chest and shoulders, and entirely round the bed, tying it underneath the bedstead, or at one side. A similar band may, if necessary, be passed across the knees. This latter, however, is seldom required, for patients unable to move their arms, and unable to rise in bed, cease immediately to struggle, and relapse into calmness and quietude. It need hardly be stated that the recumbent posture is the one invariably to be adopted when packing is employed.

Now, it is not intended to lay down dogmatically what has been here asserted with regard to this mode of treatment. The question of treatment by restraint, like that of all other modes of treatment, must be settled, in the long run, by close and accurate clinical observations, made by numerous observers. The statements of a single observer can not be accepted unless confirmed by others. No claim is now made for acceptance of the mode of treatment under discussion upon the *ipse dixit* of one man. But the treatment is advocated in the hope that it will be fairly examined and tried upon a large scale in large asylums. The inferences drawn with regard to it have been taken from experience gained in a small private asylum over a period of eleven years. The experience so gained has taught this lesson, at any rate, namely, that in the same hands, under the same general methods of management and treatment, acute mania has been much more successfully treated with mechanical restraint than without it.

In conclusion, it is hoped, nay, entreated, that this matter of mechanical restraint may be looked into and examined without prejudice or foregone conclusions, that it may, where tried, be put



in practice fairly and fully, not carelessly nor in a perfunctory manner, and not tossed on one side without giving it a complete test. Above all, it is earnestly wished that asylum superintendents and medical officers may utterly and finally repudiate and spurn every vestige of official terrorism or dread of being charged with heterodoxy, so that the subject in question may be investigated in a truly scientific spirit, without fear and without favor.

## BOOK NOTICES.

---

*Habitual Drunkenness and Insane Drunkards.* By JOHN CHARLES BUCKNILL, M. D., London, F. R. S., F. R. C. P., Late Lord Chancellor's Visitor of Lunatics. London: Macmillan & Co., 1878.

The above monograph is a republication, in book form, of letters and addresses, upon the cure or reform of habitual drunkards, and is the result of a late attempt to induce the British Parliament to pass acts making the forcible commitment to, and detention in, Inebriate Asylums, of habitual drunkards possible. The parties who attempted to secure parliamentary aid, acted upon the dictum of the American Association for the care of Inebriates, and asserted that when developed to its full extent, "habitual drunkenness is no longer a vice but a disease," and it is to this assertion that Dr. Bucknill directs the force of his arguments.

Dr. Bucknill says:

"The great mistake which Dr. Cameron (the advocate of the bill) and his friends make, is in refusing to recognize the obvious and undoubted fact, that there are two distinct kinds of drunkards—the habitual and the insane drunkard—who must be dealt with by different methods; the one form of drunkenness being a mere vice which may be reformed by moral methods. \* \* \* This kind of drunkenness is too wide-spread to be dealt with in asylums, or in brick and mortar institutions of any kind. Neither can it be cured by any form of treatment, for it is not a disease. The other form of habitual drunkenness is a morbid condition, and is, in fact, a form of insanity." \* \* \* \* \*

The author is convinced that he speaks with the concurrence of all well informed members of his profession, when he asserts that a man who has become a

drunkard, after a sunstroke or a blow on the head, his craving for drink being accompanied by such other indications of mental infirmity, as Dr. Cameron has specified, and in whom Dr. Cameron is perfectly right in supposing that there are structural alterations of the nervous system, must, under any methods of treatment at present known to us, be looked upon as a lunatic, presenting an exceedingly small probability of permanent cure. For this class, the author, owing to the long remissions of the more marked symptoms, which renders insane drunkards inconvenient inmates of ordinary lunatic asylums, would establish public hospitals for insane drunkards.

For ordinary drunkards Dr. Bucknill advocates a wider and sharper application of punishment than is now practiced. He says:

“The overt acts of the drunkard ought to be punished in such a way as to make them a real warning, and especially the act of public drunkenness, which is a kind of indecent exposure; also failure, through drunkenness, to maintain children, and, indeed, all drunken conduct which invades the rights of others, and there can be no just reason why the punishment for such acts should not be accumulative. It is unreasonable that magistrates should have to commit the same person from fifty to a hundred times, for a constantly repeated offense, the remedy for such would appear to be a penitentiary for habitual drunkard offenders, in which they should be compelled to earn their maintenance, and from which they should be released on trial, and live for a time under the surveillance of the police.”

His remarks are very aptly prefaced by the assertion that as habitual drunkards are manufactured from occasional drunkards, why not attack habitual drunkenness at its source?

The Doctor most emphatically disclaims any belief in the assertion that over sixty per cent of the patients who had been treated in a certain inebriate asylum,

during five years, and who had remained under treatment four or five months, had been reformed. Regarding the assertion of an "American inebriate doctor," vaunting the absolute cure of thirty-four per cent of diseased drunkards, he says: "when some of these institutions, moreover, are supported by public funds, and the gentlemen making these statements are public functionaries, then the position seems to be changed, and any one and every one seems to have the right to inquire into the credibility of such statements."

In view of these remarks, and of his assertion that the consideration and treatment of habitual drunkenness, as a disease, has, in America, proved a failure, Dr. Bucknill will be interested in the following extract from the last annual message of Governor Robinson, of this State.

"From conversation with several of the leading managers of the New York State Inebriate Asylum, I learn that they consider the experiment for the reformation of inebriates, as hitherto tried in the Asylum at Binghamton, a complete failure. I have long been of the same opinion. The law does not, and perhaps can not, properly provide for the forcible arrest, detention and control of inebriates. Consequently there are no patients at the asylum except such as consent to go there voluntarily. There is no power to restrain them of their liberty, and the institution has become practically nothing more than a hotel for the entertainment of wealthy inebriates, who remain there so long as they find it pleasant and agreeable, and when it ceases so to be, they leave it without anything approaching a permanent removal of their appetite for intoxicating drinks. The institution must, therefore, be regarded as having wholly failed to accomplish the laudable purposes for which it was undertaken, and to realize the high hopes on the part of the public for its success. I recommend that no further appropriations be made towards its support, for its original purpose. The building is a spacious and convenient one, with a large farm attached to it, and it may, without much expense, be changed into a very commodious asylum for the insane who are now confined in county poor-houses, and generally not well cared for, and for



whom there is not sufficient room at the Willard Asylum. I understand the Board of State Charities approve of this disposition of the building. I commend the subject to your careful consideration."

Dr. Bucknill has, in this republication of his remarks, addresses and letters, upon the subject of habitual drunkenness, done a good service to social economy, as well as to the cause of psychological medicine.

*Nervous Diseases: Their Description and Treatment.* By ALLAN McLANE HAMILTON, M. D., Fellow of the New York Academy of Medicine; One of the Attending Physicians at the Epileptic and Paralytic Hospital, Blackwell's Island, N. Y., etc., etc. 8 vo., pp. 512, with 53 Illustrations. Philadelphia: Henry C. Lea, 1878.

The author of this work, in attempting "to produce a concise, practical book," has appointed to himself a task which, in the special department of which he treats, requires clear judgment, accurate observation, and an intelligent appreciation of the wants of his readers. On the treatment of nervous diseases there are books and books; some have been written apparently from the standpoint of speculative and theoretical views of pathology and treatment; others are so special in their direction as to be unsuitable for the general practitioner; and others again would seem to be written from a speculative point also, but the speculation has been directed to securing reputation and patients, rather than toward an exact and scientific elucidation of the topics under consideration.

The work produced by Dr. Hamilton is, in many respects, the best work yet produced on the subject, by an American writer. The author can hardly be said to have written a "Treatise" upon nervous diseases, but he has produced, what is still better in a practical sense—a concise text-book. The introduction instructs the reader in what and how to observe, and the

methodical record of observations made in cases of nervous disease; gives directions for post-mortem examination, and explains the application of the various instruments used in diagnosis, viz.: the thermometer, æsthesiometer, dynamometer, dynamograph, ophthalmoscope, electrical apparatus, etc. Dr. Hamilton, very properly we think, places no reliance upon the ophthalmoscope in diagnosis of disturbances of the cerebral circulation, and says of it: "I do not believe that it possesses any value in the diagnosis of brain diseases, *except when the condition of the fundus is the result of an organic disease of the brain or cord.*" Following the introduction there are eighteen chapters which treat of the following topics:

Chapter I, Diseases of the Cerebral Meninges; Chapters II to VII, Diseases of the Cerebrum and Cerebellum; Chapter VII, Diseases of the Spinal Meninges; Chapters VIII to XI, inclusive, Diseases of the Spinal Cord; Chapter XII, Bulbar Diseases; Chapters XIII and XIV, Cerebro-Spinal Diseases; Chapters XV to XVIII, Diseases of the Peripheral Nerves. A few pages at the end are occupied by Formulæ.

The chapters upon diseases of the meninges are well, and in the main, carefully written, although occasional evidence of haste shows itself. Under this head is included some remarks upon cerebro-spinal meningitis, which the author includes on account of "its interesting diagnostic relations." Nearly thirty pages are devoted to cerebral hæmorrhage, and they form one of the most interesting portions of the work. The author very wisely, we think, refuses to accord to athetosis the dignity of a distinct disease, in this agreeing with Charcot, Gowers and others.

The author, as would be expected from one occupying his position, makes some excellent remarks upon epilepsy. We wish that every practitioner could be

made to appreciate the strong ground which he takes against the routine treatment by Bromides, and to act upon the excellent suggestions which he makes concerning tonic and supporting treatment. The readers of our excellent cotemporary, the *American Journal of Medical Sciences*, will find the article on hysteria familiar, it having been published almost exactly as it now appears in that journal some time since.

Very properly, we think, Dr. Hamilton has refrained from any consideration of insanity. The limits of a text-book upon nervous diseases are altogether too small for the proper elucidation of even the most prominent divisions of what has come to be a special department of neurological study. The text is well illustrated by cases drawn from the author's practice, and a number of wood cuts, most of which are well made. We conclude this notice by reiterating our first impression, that the author has produced a concise and practical text-book on nervous diseases which, in many respects, is the best yet written in the English language.

*On Rest and Pain.* By JOHN HILTON, F. R. G., F. R. C. S. Second Edition. Edited by H. A. JACOBSON, F. R. C. S. Cloth, 8 vo., pp. 299, with illustrations. New York: Wm. Wood & Co., 1879.

This work is the first of the series of Wood's Library of Standard Medical Authors. The work is well known abroad, and its value is a matter beyond discussion. Messrs. Wood & Co. have made an excellent selection as introductory to their Standard Library, and if the future volumes are of equal merit, they will justly deserve the lasting obligations of the profession. The work of Dr. Hilton, in the form of lectures, and in an English edition, has been, for some time, before the profession; it has, however, obtained but comparatively few readers on this

side of the Atlantic. The author treats of mechanical and physiological rest in medical and surgical diseases, of pain, its relief, and its diagnostic value. He presents his facts in a clear and concise manner, and draws his conclusions in a style at once simple and logical. His observation upon "Rest and Pain," are of importance and value, and should be read and applied by every practitioner. The work is presented in a handsome form, much more so, in fact, than we supposed possible at the price. The scheme which the publishers have thus inaugurated, is to publish twelve standard medical works a year, one being issued each month. The entire set being sold to subscribers for the moderate sum of twelve dollars, payable in advance. A circular giving the names of the forthcoming works in the series, with terms, etc., can be obtained, on application, of the publishers, Messrs. Wood & Co., New York.

*Deterioration and Race Education, with Practical Application to the Condition of the People and Industry.* By SAMUEL ROYCE. Boston: Lee & Shepard, 1878.

We hardly know what to say of the work before us. The author is evidently one of those unhappy mortals who sees everything in morals, physical and mental health, justice and civilization, gradually tending toward a general chaotic condition. We should be very loth to believe that the dark picture which he draws of the present condition of the laboring classes, and the future to which he thinks they are hurrying, is anywhere near exact, and from a long and practical observation of their status we do not believe it is. We do believe that improvidence, ignorance and, above all, *injudicious charity*, do much toward preventing the laboring classes from rising above their position, and



we welcome and say God-speed to any man who, in any way, proposes to educate them into a better way. We are glad to see that charity is becoming organized in its efforts to relieve the unfortunate—that the really needy are sought out, and impostors and social barnacles are punished. That the race is deteriorating we do not believe; that hereditary diseases are carrying off our population we can not admit, until better proof is adduced than our author has to offer. On the contrary, there never was a time when the death rate was lower than at the present; when preventable diseases were better understood, or when human life was held in greater respect or enjoyed with greater safety.

Much that the work under consideration contains is interesting and valuable, and to the student of social economy the author has many instructive facts to present; but much, also, consists of the repetition of platitudes upon the condition of the pauper and criminal classes, social and moral reforms, industrial education, the prevention and punishment of crime, etc., etc. The book will find many readers—in fact, from the testimonials which accompany it, it has already been received with much favor; among practical educators, to whom we must look to cure or prevent much of the “deterioration” which the author bemoans, it will be studied with interest and profit. We notice a few proof errors, among the most serious of which is the conversion of our learned and genial friend, Dr. Thomas F. Rochester, into Dr. Thomas F. Hunter.

*Ueber die Lehre Von der Entwicklung der Ganglien des Sympathicus.* Von Prof. Schenk und Dr. W. R. Birdsall, aus New York. (Separat Abdruck aus den Mittheilungen des Embryol. Institutes, III.)

This is a very interesting contribution to the literature of so important a department of medical science,

as the development of the nervous system, and the views expressed, sustained by accompanying drawings of microscopic preparations, are quite conclusive. The authors assert that the sympathetic system is developed from the cerebro-spinal, and their arguments and deductions but add to the many assertions, that all nervous tissue arises solely from the epiblast. The explanations and demonstrations regarding the formation of the cardiac, solar, sacral and Auerbach's plexuses, are logical and natural. The drawings which accompany the text are well made, and are by no means the least interesting portion of the monograph.

## S U M M A R Y.

---

—Dr. Alfred T. Livingston, after five years' service as one of the medical officers of the N. Y. State Lunatic Asylum, at Utica, resigned on October first, 1878, to enter into general practice in the city of Philadelphia.

—Dr. Edward N. Brush, who had been acting as fourth assistant since March, 1878, in the absence of Dr. T. F. Kenrick in Europe, was appointed third assistant.

—Dr. W. W. Miner, of Buffalo, was appointed to the position of fourth assistant, during the further absence of Dr. Kenrick in Europe.

—On December 31st, 1878, Dr. W. E. Ford resigned the position of second assistant, at the N. Y. State Lunatic Asylum, to enter into general practice in the city of Utica. Dr. Ford had been connected with the Asylum, as assistant, since 1873.

—We are pleased to learn that the Pennsylvania Hospital has opened its well furnished pathological laboratory to the profession. Dr. Morris Longstreth, the pathologist of the Hospital, will be in charge.

—The New York Medico-Legal Society have commenced the publication of a *Bulletin*, under the able editorial conduct of Dr. George W. Wells. The *Bulletin* will be furnished to members free; to others the price is fixed at \$2.00 per year.

—Messrs. Lindsay & Blakiston will accept our thanks for a copy of their excellent visiting list. To the general practitioner a visiting list is indispensable, and that published by the above firm has come to be a general favorite. We have also, awaiting review, several valuable works from the press of this well known house, which we regret not being able to notice in this number.

—Mr. Henry C. Lea, medical book publisher, of Philadelphia, sends us an announcement of some of the more important works about to be issued from his press. Among them we notice "The National Dispensatory," edited by Alfred Stille, M. D., of the University of Pennsylvania, and John M. Maisch, Ph. D., of the Philadelphia College of Pharmacy; a second edition of "Ashurst's Surgery," and a second American edition of "Bryant's Practice of Surgery;" a translation by Dr. E. O. Shakespeare, of "Conril and Ranvier's Pathological Histology;" and a work on "Human Anatomy," by Prof. Harrison Allen, M. D.

—The *Index Medicus* is the title of a monthly publication, the first number of which is to be issued during the month of January, by Mr. F. Leypoldt, of 37 Park Row, New York. The *Index* will be under the editorial management of Dr. Billings, Librarian of the Surgeon General's office, and his assistant, Dr. Robert Fletcher. It will give an index of the leading medical journals in the English and other languages, and notice, by title, all new publications in medical science. The publication of a periodical of this character should be heartily encouraged, as it will be invaluable to students of current medical literature.



## STATE COMMISSIONER IN LUNACY.

HIS JUDICIAL AUTHORITY DETERMINED.

SUPREME COURT—KINGS COUNTY.

IN THE MATTER  
OF THE  
KINGS COUNTY ASYLUM.

*On Demurrer to Jurisdiction  
of State Commissioner in  
Lunacy, and order to show  
cause on proceeding for  
contempt.*

September 21, 1878.

## OPINION.

GILBERT, J.—This is, as it seems to me, a plain case, and it probably would not have been presented to the Court, but for a misconception on the part of the Commissioners of Charity, of the relation which they bear to the State Commissioner in Lunacy. No doubt the general management and administration of the Asylum, including the selection, appointment and removal of persons employed in carrying on the several departments thereof, has been intrusted to the Board composed of said commissioners. But the exercise of their powers is, in a large degree, subject to the supervision and control of the State Commissioner in Lunacy, and the latter is authorized to require the Board to conform in their management of the Asylum to such orders and directions, as he may, from time to time, give to them for the purpose of remedying evils, or defects, which have been proved to him to exist in such management, and which are injurious to the lunatics committed to their care. The statute from which the State Commissioner in Lunacy derives his powers, is broad and comprehensive. It is his duty to examine into the condition of the insane and idiotic in the State, and the management and conduct of the asylums, public and private, and other institutions for their care and treatment, and the officers and others respectively in charge thereof are required to give such commissioner, at all times, free access to, and full information concerning the insane therein, and their treatment. In all cases where, from evidence laid before him, there is reason to believe that any person is wrongfully deprived of his liberty, or is maltreated in any asylum, institution or establishment, public or private, for the custody of the insane; or whenever there is inadequate provision made for their skillful medical care, proper super-

vision and safe keeping, he is empowered to institute a formal inquiry, of a judicial nature, into the matter, and for the purposes of such inquest he is authorized to issue process to compel the attendance of witnesses and the production of papers, and to enforce obedience to such process, and while conducting such inquest he is invested with the same powers as belong to referees appointed by this Court. The functions of the Commissioner in Lunacy, in respect to such inquest, are analagous to those of a grand jury. But he is not required to exercise them in all cases. Where testimony can be obtained voluntarily it may be taken by the Commissioner in that way, and the formality of an inquest may be dispensed with. The holding of an inquest is only for the purpose of obtaining evidence compulsorily, (Laws 1874, Chapter 446, Title 10, as amended by Laws 1876, Chapter 267). If either of the above mentioned facts shall be proved to his satisfaction, in either of the modes pointed out, he is further empowered to issue an order in the name of the people of this State, and under his official hand and seal, directed to the superintendent or managers of such institutions, requiring them to modify such treatment or apply such remedy, or both, as shall therein be specified. These extensive and *quasi* judicial powers have been conferred upon the Commissioner in Lunacy for the beneficent purpose of protecting a helpless class of citizens against ill usage, and of securing to them the benefits of the care and treatment which the State has immemorially provided for them. The question, "Who shall guard the guardian?" is a pertinent one at all times, and especially to custodians of the insane. I entertain no doubt of the power of the Legislature to confer such powers, and I think they should be liberally interpreted in furtherance of the object mentioned. (People ex rel. N. Y. Inebriate Asylum vs. Osborn, 57 Barb., 663). In the case before me a reputable citizen of Brooklyn made a deposition voluntarily before Dr. Ordronaux, the State Commissioner in Lunacy, on the 20th of August last, showing in substance that the Commissioners of Charities had directed a change to be made in the office of Medical Superintendent of the Insane Asylum by the removal of Dr. Parsons without any cause therefor, and the appointment of Dr. Shaw, who had had no special experience in the treatment of the insane. Dr. Ordronaux thereupon issued an order directed to said commissioners, whereby, after reciting the substance of said deposition, that frequent changes in the chief medical officer in asylums for the insane are calculated to impair that skillful medical care and supervision which is derived from

long personal acquaintance with and study of the individual phases of insanity, and that such changes in the Kings County Asylum had been frequent, he commanded said commissioners to retain Dr. Parsons until good and sufficient cause should have been shown to them for his removal. The commissioners made a return to this order, in which they denied the jurisdiction of the State Commissioner in Lunacy, and also that the removal of Dr. Parsons would have the effect stated in the order, and insisted that the interference of the State Commissioner in Lunacy with their power to make such removal was an intrusion into the domain of their jurisdiction. I am of opinion that the commissioners were in error on all of the points taken in their return—Dr. Ordronaux acquired jurisdiction to make the order by virtue of the deposition referred to. That contained facts which tended to show that the commissioners had made inadequate provision for the skillful medical care of the insane under their charge.

The evidence was competent, and taken in a proper manner—of its sufficiency Dr. Ordronaux was made by the statute the sole judge in the first instance. Having jurisdiction to make the order, it was the duty of the Commissioners of Charities to obey it. If they had disobeyed the order it would have been the duty of the Court to compel a performance thereof in the summary mode pointed out by the statute, unless they showed sufficient cause why said order should not be performed. I am of opinion, however, that no disobedience of the order of Dr. Ordronaux has been shown. The commissioners were required to retain Dr. Parsons only until good and sufficient cause for his removal should have been shown to them. It appeared, on this hearing, that the removal of Dr. Parsons was, in fact, made for cause, and as I have already intimated, if such cause had been set forth in the return of the Commissioners of Charities to Dr. Ordronaux's order, that would have put an end to this proceeding. While I am glad to say that the reasons assigned for the removal of Dr. Parsons do not affect his qualifications as a physician, or as a specialist in the treatment of the insane, yet they must, for obvious reasons, be deemed by me good and sufficient. It may be added that it was both conceded and proved that Dr. Shaw is in all respects competent for the position of medical superintendent.

The motions arising upon the orders granted by me must, therefore, be denied, and all orders restraining the removal of Dr. Parsons are vacated, without costs.

—The readers of the JOURNAL have been informed by general publications, which have appeared through the secular and medical press, as well as by the announcement of Dr. William A. Hammond, in an open letter, addressed to Dr. Eugene Grissom, of North Carolina, that Dr. Hammond has sued the editor of this JOURNAL for libel, in connection with the publication of the paper of Dr. Grissom on "True and False Experts," which he read before the Association of Superintendents, in May last, and which appeared in this JOURNAL as part of the proceedings and transactions of that body, at its meeting held in Washington. This JOURNAL has published the proceedings, and most of the papers read at the meetings of the Association, for more than thirty years. As the readers are aware, from the proceedings, the essay of Dr. Grissom was read on the evening of the 15th of May, 1878, before the Association, in Willard Hall, Washington, by appointment of the Association, a large number of auditors being present beyond the members of that body.

It was brought up for discussion, in its order, on the seventeenth, Dr. Gray, however, not being present. Dr. Wallace, of Texas, opened the discussion, and offered a resolution asking the censure of Dr. Grissom, and declaring that the article was personal. The remarks of Dr. Wallace contained an innuendo that Dr. Grissom was put forward by others. The resolution, after discussion, was laid upon the table.

So much of the discussion as was furnished by the Secretary to the JOURNAL, appeared in the proceedings in the July number. The remarks of Drs. Ray and Hughes were sent by the Secretary after the October number was printed, and appear in the present number, together with a resolution by Dr. Kirkbride. We have heretofore abstained from editorial comments:—



*First.* Because immediately after the meeting of the Association, Dr. Hammond, himself, in an open letter, assailed Dr. Grissom and his paper, in a communication almost as long as the essay of Dr. Grissom, which naturally was received as Dr. Hammond's answer.

*Second.* Dr. Grissom, himself, then immediately published his paper on True and False Experts.

*Third.* Dr. Hammond then published a second edition of his open letter, with preface and postscript. In this he referred to the action of the Association, and gave the resolution of Dr. Wallace, with the names of those who had voted for it. All this was before the appearance of the JOURNAL, showing that Dr. Hammond had received information directly from the Association or its members, and that the second edition was his further answer.

*Fourth.* The discussion was had in the Association, and Dr. Wallace's resolution, with his remarks, were before the readers of the JOURNAL. The insinuations of Dr. Wallace, in his remarks, as printed, pointed to others than Dr. Grissom as the author, of whom, however, we disclaim any knowledge. We have never had any communication with Dr. Wallace upon the subject, and do not know upon what knowledge or information he made his insinuations; as far as the editors of this JOURNAL are concerned the insinuations are groundless. It is proper to add, in justice to Dr. Grissom, as well as to the editors, that they never furnished a single fact, suggestion or intimation, to Dr. Grissom, touching the subject or subject matter of his address on "True and False Experts." As far as the editors of this JOURNAL knew then, and know now, and believe, the paper was solely Dr. Grissom's, an entirely responsible member of the Association.

*Finally.* We have not been in the habit of editorially commenting upon the papers read before the Association, when printed in this JOURNAL. The editors, in view of the fact that the article of Dr. Grissom was wholly his own, was publicly read before the Association, and was discussed and sustained by that body, and was sent to this JOURNAL for publication, in accordance with long established usage in such cases, are certainly relieved from any imputation of wrong, or even discourtesy, towards Dr. Hammond, or any one else. Indeed we should hesitate to refuse a paper read before the Association, by one of its members, upon the topics which it assembles to discuss, and which was accepted and endorsed by that body; when the publication is under the name of the party responsible for its contents, and is in effect part of the report of public proceedings of the highest interest to the profession.

The view generally taken by the press, thus far, has been that Dr. Hammond would have better consulted his dignity and his reputation to have directed his attack against the authors of any statements by which he may deem himself aggrieved, than to commence a litigation against the editors of this JOURNAL, who simply perform what they deem to be their duty, in giving to the profession any and all of the papers or proceedings of a public body in which it has an especial interest.

---

The following was received from Dr. John Curwen, Secretary of the Association, after the October number was in type, with a note, saying that the members named desired the insertion of the remarks in the JOURNAL.

Dr. RAY. I seconded the resolution, and I intend to vote for it unless a better substitute is offered. I did not hear the essay. I

heard of it, however, and I felt exceedingly sorry that it was read here. As to whether the censure in it were just or unjust, right or wrong, I do not express an opinion. If Dr. Grissom thought the attack was well founded, he had the right to publish it in a newspaper or a journal if he pleased, but I do contend that he had no right to bring it in here. We have no right to sanction personal attacks. It was a personal attack, surely, to call a person virtually a charlatan, however true it might be. We may disclaim responsibility for anything said here by individual members, but we can not shake it off. If a paper is read here we uphold it to a certain extent, and if it is objectionable on personal grounds, we are bound to utter a protest against it.

Perhaps what we have said here is sufficient for our purpose, but it will not go any further. But the essay will be printed, and go to the ends of the earth, it may be.

Dr. Hughes, after stating that although the paper of Dr. Grissom was not such a paper as he might have prepared himself, had no disposition to define the manner in which gentlemen might see proper to present their thoughts to the Association, said the resolution of Dr. Wallace was out of order, the society being engaged under a previous resolution in this, a three minutes' discussion of the several papers in their order.

After the resolution was laid on the table, Dr. Kirkbride offered the following resolution, which was seconded by Dr. Grissom, and was unanimously adopted:

*Resolved*, That this Association reaffirms its declarations made on previous occasions, that it holds itself in no way responsible for any paper read before it, or for any sentiments expressed in its meetings, unless from a direct vote of the Association.

## OBITUARY.

---

Dr. BENJAMIN WORKMAN.—On the 26th of September, 1878, Dr. Benjamin Workman died, at his residence, Uxbridge, Ontario, in the eighty-fifth year of his age. Dr. Workman was born in Ireland, in 1793, and in 1819 came to this country and settled in Montreal, where he conducted, for several years, a very successful school. In 1852 he took his degree of M. D., and in 1856 was appointed assistant to his brother, Dr. Joseph Workman, in the Toronto Insane Asylum, which position he filled with rare fidelity, intelligence and zeal, until 1875, when failing health compelled him to retire. For some years Dr. Workman had labored under a chest trouble which had been diagnosed as thoracic aneurism, and the ultimate cause of his death, hemiplegia, which ended fatally in twenty-four hours, was probably due to a clot being carried from the aneurismal sac into the cerebral circulation. Dr. Workman was a man of extensive professional and literary attainments, an earnest student, and a noble example of the quiet, unassuming Christian gentleman. He leaves behind him an enviable record of simplicity, energy and devotion.

Dr. WILLIAM M. COMPTON.—Among the victims to the dreadful scourge of yellow fever, which has just swept over the South, it becomes our painful duty to announce the name of Dr. William M. Compton, who died at Holly Springs, Miss., October 1st, 1878. We are informed that Dr. Compton's entire family died of the fever. Owing to want of suitable data, we shall defer, until a subsequent number of



the JOURNAL, any extended notice of our deceased brother. He was an active and earnest member of the Association of Superintendents of Insane Asylums, and was regarded by all his associates as a genial, brave and kind hearted physician. In June last he was elected Chairman of the Section of Psychology, Medical Jurisprudence and Chemistry, of the American Medical Association, a position which he would have filled with honor to himself and credit to the Association. In the JOURNAL for October, we announced the intention of Dr. Compton, to open a private asylum for the insane, at Holly Springs about December first, but alas! before that time approached, our genial associate had passed beyond all earthly labor and was at rest.



# AMERICAN JOURNAL OF INSANITY, FOR APRIL, 1879.

---

## EARLY INDICATIONS OF INSANITY.\*

---

BY JUDSON B. ANDREWS, M. D.,  
Assistant Physician, New York State Lunatic Asylum.

---

I desire to acknowledge the honor of being asked to address the Alumni of the Buffalo Medical College on this Anniversary occasion. There are gathered here those, who for years, have been our leaders and instructors in medical science; those who have gained wisdom and experience by lives devoted to the practice of medicine; those who now go forth to lives of usefulness, and let us hope to fortune, in their chosen field of labor; and others whose presence here to-night tells the interest and kindly feeling they entertain toward the College and the profession. To address such an audience carries with it a responsibility one might well hesitate to assume, but, having assumed it, it only remains to bespeak your indulgent consideration of a few remarks upon the subject of insanity, and the early indications of the disease.

As sanity, or the possession of reason in normal, healthful activity, is the most valued of God's gifts to man, so insanity, or the perversion or impairment of reason, through disease, is a loss not easily estimated. Other forms of disease affect the individual, mainly in his relation to the physical world. However

---

\* Address delivered before the Association of the Alumni and Officers, of the Medical Department of the University of Buffalo, February 25, 1879.

extensive the injury to the body, however helpless the person may become, the intellectual power, and the moral responsibility, may still be left in undiminished strength. Insanity, on the other hand, involves the higher life of the individual; it affects his relations to his fellow-man, and impairs or destroys his self-control, and therefore his responsibility before the law, and may render him a hopeless wreck, irresponsible, and entirely dependent upon others.

The study of insanity has been pursued under difficulties and obstacles, more numerous and serious, than have surrounded investigations in other departments of medicine. A potent reason is found in the fact, that a symptom of the disease, the mental aberration, was, for a long time, mistaken for the disease itself. This brought most prominently into view the mental and moral phenomena, and these were studied to the exclusion of the real disease. Investigations in this direction naturally fell into the hands of metaphysicians and theologians, by whom insanity was thought to be a disease of the mind or of the moral nature, and as the latter, to be synonymous with sin. Speculations of this character accomplished little for science, and still less for the insane. The treatment founded on these theories, consisted of amusements, mental exercises as a recreation, and of appeals to conscience, or to reason which was already involved. There was, in this, only mystery to the common mind, and to the professional mind nothing tangible or satisfactory, and it was only when the real nature of insanity was appreciated, that the light of truth dispelled the darkness of former superstition and error. The recognition of the theory that the brain is the instrument of the mind, and that perverted mental manifestations are due to disease of that organ, was the great step of progress in the study



of insanity. Hitherto the subject had been approached from the wrong direction, but now there was in the disease of the physical organism a material something to account for the facts observed; something to investigate; something for the physician to do. For the first time the disease was brought within the purview of rational medicine, and the result has been the steady increase of knowledge of the disease and of its treatment.

As a general statement of fact, the cause of all insanity, as of other diseases, is to be found in the neglect, or in the direct or incidental infraction of the established laws of physical or mental health. It may originate from the physical side of man's nature, as from some form of ill-health, in which the nutrition of the brain is affected, or from the mental side, when excessive brain action produces the same result. In the ambition to become rich, to acquire power, to gain prominence in science or literature, the plainest laws of existence are too often transgressed. The claim of the body, especially the brain, for repose, for sleep, or even for nourishment to repair the waste of ordinary or excessive activity, is disregarded, and the often vain hope is fostered that an escape from the penalty of our actions is not only possible, but certain. The folly of this course has been plainly pointed out by a recent writer,\* in the following well chosen words: "This marvelously constituted brain—men may ignore it—despise it—degrade it—defile it—but they do it at their peril; and let them remember that whether the result is or is not, actual madness, they will pay the penalty sooner or later, in some form or other; they will not be permitted to escape the consequence of the infraction of the laws on which its integrity hangs."

A powerful predisposing cause of insanity is found in

---

\* *Insanity and its Prevention.* Dr. Daniel Hack Tuke.

hereditary tendency. This is sometimes sufficient to account for its presence, under the operation of comparatively slight exciting causes. This is but stating a well known principle of medical science, and one fully recognized. It is impossible to estimate the force of heredity in the production of disease of the brain, but that it increases the liability to attacks, is beyond cavil or dispute. The instability of nerve element, implied in heredity, has a positive influence, and is a definite power.

In judging of insanity, it is important to have clearly in mind what it really is, what changes it produces in the mental and moral status of the individual. Practically, insanity is shown by a change in the disposition, sentiments, desires, habits, conduct or opinions, induced by, and founded upon disordered states of the brain. Every case is to be judged not by any arbitrary standard, but by the change in the person himself. Each one, therefore, becomes the measure of himself, and we are to inquire what the individual was, and what he has become through disordered conditions of the brain. When viewed from this standpoint there is nothing of mystery in the disease; nothing to separate it from the field of general medicine, or to prevent its being investigated by all.

"There is nothing mysterious or peculiar in the methods of study or treatment. It is the patient and careful investigation of laws, and the application of well recognized principles in medical science; and not a question of interpretation of mental phenomena, or the study of mind, so much as an observation of the reciprocal influence of morbid physical and psychical states on the great nervous center, the brain."\*

---

\* "Insanity and its Relation to Medicine." By Dr. John P. Gray. President's Address. Transactions of New York State Medical Society for 1868, page 86.

Its investigation is specially important to the general practitioner, as upon him devolves the responsibility of the diagnosis, and of the treatment of the disease in its initiatory stages. He is also made by legal enactment competent to decide the question of its existence, and of the necessity of care in a hospital.

The early indications of insanity assume an importance as they mark the period when treatment may be of avail in averting a threatened attack. The pathologic processes in the brain which produce insanity are preceded by certain changes in the physical system and in the mental habits of the individual, which, if understood and appreciated, are often susceptible of arrest by proper hygienic and therapeutic measures. It, however, sometimes happens that the aid of the physician is not invoked till the disease has openly declared itself. This arises from the fact that by the great majority of individuals the occurrence of insanity, in their own persons or families, is not considered as within the bounds of probability, and all the initiatory conditions are overlooked or disregarded. Again, the changes are of such an insidious character, or are accounted for by so fully existing circumstances, that the patient and friends are entirely misled as to their real import.

Among the earliest indications which should attract attention as a precursor of insanity is the occurrence of morbid dreams. The mental activity during sleep, which constitutes dreaming, is so common in the experience of most people as not to be considered important as an indication of disease. There are, however, many cases on record in which dreams have preceded insanity, as well as other disordered states. Dreams, especially of a frightful character, as of being tortured or murdered, of dying or of the grave, occurring in persons un-

accustomed to dreaming, and without a definite exciting cause, are often prodromic of disorder of the brain and of the nervous system, and have long been recognized by medical writers as worthy of consideration. "Such symptoms in medical psychology," says Tuke, "are like the delicate clouds in the sky in meteorology; they indicate to the practised observer the coming storm."

Of still more importance, and also of greater frequency as a precursor of insanity, is impairment of the function of sleep :

"Sleep, that knits up the ravell'd sleeve of care,  
The death of each day's life, sore labour's bath,  
Balm of hurt minds, great nature's second course,  
Chief nourisher in life's feast."

This impairment may vary from a simple state of wakefulness to one of persistent sleeplessness. In a normal healthy condition sleep naturally follows activity; action and repose being the physiological sequence. In disordered states of the brain the operation of this general law is often interrupted. Action is often but the stimulus or spur to increase activity. From disturbance of the circulation within the cranium there results an irritability of nerve tissue which may prolong the existing cerebral excitement. In this state thoughts follow each other in quick succession; past events of life are recalled with painful minuteness, or plans for the future present themselves in all the varied forms and combinations of which the imagination is capable; or, again, the most trivial matters demand and enforce the attention, in spite of the strongest efforts of the will to seek repose, and to bound the mental horizon with the one thought of sleep. At last, after many vain efforts, and perhaps from sheer exhaustion, sleep visits the weary one. It is but a fitful



slumber which yields to ready waking, and the morning light finds the sufferer unrefreshed and unfitted for the labor of the day. Such states frequently arise from over-work, either mental or physical, and when the former is popularly called "mental strain." The liability to this is greatest among those engaged in public life, or among professional or business men, or those at the head of large corporations. Instances will occur to all in which wakefulness or entire loss of sleep has been thus induced. It does not always lead to insanity, but is, in all cases, a warning of danger which can not with safety be disregarded.

Impairment of sleep may result from exceptional causes—the accidents of life rather than the daily habit. Such are an additional and unusual amount of labor, unexpectedly thrown upon the individual, from which he can not escape; or it may be the overpowering influence of some emotion, as a long period of anxiety over the illness of a dear friend, or perhaps grief at his death, or the worry that comes from the sudden destruction of one's hopes or prospects in life. Again there may be no mental or physical cause apparent, sufficient to account for the disturbance of sleep, but this seems to be the earliest of a series of conditions which may gradually culminate in insanity. This statement, however, simply shows the imperfection and incompleteness of our knowledge, as it is impossible to accept the belief that an effect can be produced without an adequate exciting cause.

Disturbances of other functions than that of sleep are common as precursors of insanity. The following combination of symptoms, when not otherwise fully explained, should receive attention as indicating the danger which threatens. There is loss of appetite and indigestion, with pain, eructation, flatulence, heart burn,

and offensive breath. The circulation is disturbed, the heart beating irregularly, or with diminished force, and the pulse is increased or lowered in frequency. There are flashes of heat, alternating with chilliness, and coldness of the extremities. The skin is harsh and dry; the bowels are constipated; there is usually loss of flesh which may extend to emaciation, and the whole organism sympathizes in the general depression.

There is another array of symptoms, in part the opposite of that described, which also frequently precedes an attack of insanity, especially when it is rapid in its access. The heart's action is increased in force, the pulse is full and strong, the face flushed, the eyes injected, and the temperature of the surface slightly elevated. The appetite may be unaffected, or even ravenous, but there is usually loss of flesh. In this condition there is marked increase in the activity of the vital functions, manifested more especially in the circulatory system. This combination of symptoms may furnish a warning of approaching disorder of the brain, usually of a congestive or hyperæmic character. It is, however, so frequently found in the early stages of febrile disease, that its real significance as an indication of insanity, may be overlooked or misinterpreted.

In other cases there may exist no such association of morbid symptoms, which forces itself upon the attention, and so often points to the brain as the organ directly threatened. There may be disease in some other part of the system, by which the nerve centers may become implicated, as shown by the abnormal mental action. The heart may fail to supply the amount of blood necessary for the nutrition of the brain, or the arteries and capillaries to distribute the life giving fluid to its delicate tissues. The lungs may be interrupted in the performance of their duty to supply the purifying and

exhilarating oxygen, or the glandular system may be disturbed in its offices of secretion or elimination.

Disturbances of sensation not only exist prior to attacks of insanity, but often continue as serious symptoms of the disease. Among the most frequent of these is headache. This is usually described as a dull, aching sensation, but sometimes as a sharp, acute pain. It is often accompanied by a feeling as if a band was drawn tightly about the head, or as if the hat was too small; or, again, there is a sense of pressure, as if the brain was too large for the skull. Some complain of a throbbing of the arteries, others of a singing or a roaring in the ears, or of the noise of falling water, much the same as that produced by quinine, when taken in full doses. In other cases there is a feeling of excessive heat, or of a crackling or crepitant sensation, often likened to the sound made by frying. The last mentioned sensations are more often referred to the vertex, and occur in the nervous and excitable, especially in women. The pain in the head is located most frequently in the frontal and temporal regions, and next in order in the occipital, and is produced by disturbances in the circulation of the blood in the meninges. These abnormal sensations are frequently followed by wakefulness or entire loss of sleep.

Muscular restlessness is often present, and may be manifested either in localized movements of the extremities or in the more general movements of the whole body. The hands or feet may be kept almost constantly occupied during the waking hours in the repetition of certain motions, while the abstraction of the individual gives them the appearance of being unconsciously or automatically performed. Again the person may move restlessly about without apparent purpose or design, and without being able to

assign any cause, further than an inexplicable sense of uneasiness or discomfort. This condition is dependent upon nervous irritability, in turn due to some enfeebling mental or physical cause. Another state, the opposite of this, sometimes exists, in which there is not only a disinclination to muscular movements, but action, both mental and bodily, is performed only by a strong effort and the direct exercise of the will. The feeling of weariness may be insupportable, and the tendency to sleep yielded to upon the most inopportune occasions. The loss of control over muscular movements, indicated in these conditions, and that shown, though in less degree, in the irregular twitching or jerking of the muscles of the tongue, and of those about the mouth, sometimes become important aids in the early diagnosis of insanity.

With these changes in the physical system, and preceding the outbreak of the disease, there are necessarily associated disturbances of the mental state. The earliest are commonly found on the side of the emotions. These may be slight, amounting only to an exaggeration of the ordinary emotional status; or they may be more marked, and the inclination to laugh or to cry may be yielded to in spite of efforts to control the feelings. There may be no adequate cause for the unusual emotional excitement, or, if such exists, the exhibition of it may be contrary to the habit of the individual. This disturbance of the emotions frequently takes the form of a feeling of depression. There may be loss of spirits, or a shading off from the natural cheerfulness of disposition, noticeable to friends, and at first fully appreciated by the person himself. When rallied a smile may, for a moment, light up the countenance, and a cheerful remark may, for an instant, dispel the gloom, but a relapse soon follows. A cloud seems settling down,



which grows darker as it approaches nearer. The despondency deepens, till that state is reached,

“When nature, being oppress’d, commands the mind  
To suffer with the body.”

There are forebodings of some indefinite, indefinable evil impending, from which no way of escape lies open. Then commences an introspection; all the thoughts are turned inwards; all the acts of life are subject to a review and a scrutiny, more severe than by the most unfriendly tribunal. The judgment rendered is always adverse and self-convicting. Notwithstanding the verdict is declared against himself, the unhappy man only returns to the task, and repeats the process.

In the direction of depression, and partaking of the same general character, is the development of scruples of conscience. These may exist concerning the performance of duty toward God or toward man. They sometimes lead to an unhappy zeal in the observance of religious rites and ceremonies, and to self accusations of intentional wrong, if not of criminal action, in the simplest affairs of life. This occurs alike to those of the most exemplary lives, and of undoubted Christian faith, and to the wicked and depraved, and is often by them considered only an evidence of a tender conscience. In this state many a one whose life has been a model of honest purpose and faithful action, accepts the inability to lament over his conduct, as an evidence of hypocrisy and hardness of heart. He seizes upon some trifling act which has nothing of the moral element in it, raises it to a position of vital importance, and makes to cluster about it the whole issue of life in this world and the next. It is not a matter of surprise that when this condition is not recognized as dependent upon disease of the physical organism, the spiritual aid of the priest

should be invoked, rather than the more material support of the physician, or that insanity should be considered as a disease of the spiritual nature. Dr. Tuke, says upon this point, "sudden and extraordinary scruples should also excite attention and concern, indicating as they frequently do, latent brain mischief, and a twist in the emotions which, although seemingly leaning to virtue's side, may nevertheless be pure delusions, simulating conscientious duty, and leading the misguided fancy into courses of action which, if the brain fog is ever dispelled by the sun of returning health, are remembered with bitter but unavailing regret."

Another indication of commencing insanity may be manifested in a change of conduct, in the direction of an unnatural indecision of purpose. This may occur regarding matters of little real moment as well as those of vital importance. The clothing to be worn, or the food to be eaten, or any of the minor affairs of every day life, which are ordinarily decided without thought or question, then become subjects of serious consideration, and are magnified to a degree out of all proportion to their significance. Other questions which demand discrimination and a just comprehension of causes and effects, produce an agony of doubt, which obscures the judgment and prevents intelligent action. Whatever course is finally resolved upon, may be given up for another, which in time makes place for some new line of conduct. The vacillation and uncertainty thus exhibited, may be in strong contrast to the ordinary stability of purpose and character.

A change in disposition, without sufficient rational cause, may have the same significance. The naturally gentle and amiable may become irritable, morose or fault finding. This change is manifested, first, toward the members of the family and intimate associates, and

is concealed from ordinary or casual acquaintances. It, however, gains more complete control, and affects the individual in all the relations of life. Unfounded suspicions and jealousies, in the beginning vague and shadowy, give rise to a belief in the existence of a general spirit of opposition to the plans and purposes in which the person is interested. At first they are reluctantly expressed, and readily removed by appeals to reason. Eventually they are attached to individuals, and becoming more fixed in the mind, often take the form of hatred and opposition to the most loved and nearest of kin or to the dearest friends.

An unnatural buoyancy of feeling or levity of manner, in contrast to former habit and disposition, sometimes indicates the departure from the normal mental state. Friends are apt to ignore this condition, as it seems to them to be of good omen. "It is a symptom serious in itself, but of more decided import when attended by alternations of depression." Other early changes may also show increased mental activity, which takes the form of exaltation or exaggeration. Under the influence of this the quiet and retiring become talkative and obtrusive, the dependent and modest, self-reliant and self-confident. In daily life this leads the business man to entertain an extravagant view of his ability, to overestimate his financial strength, to talk boastingly of his past success, or of his prospects, and still further to enter upon schemes for the acquirement of wealth, which are unwarranted, injudicious, and often ruinous. It makes the economical housewife wasteful in expenditures, or to neglect home duties for unusual excitements of social life, while the youth under the same influence, suddenly acquires, in his own estimation, the mental stature of manhood, and all attempts to control or restrain only provoke opposition,

or open conflict with proper authority. Regarding the diagnostic value of this state of increased mental activity, "it is most important to remember that exuberant spirits, mental exhilaration, loquacity, when unusual to the individual, are fully as serious indications as the opposite state of mind."

Other changes worthy of note, though less important than those already mentioned, are departures from neatness and regard for dress and personal appearance, to a neglect or disregard of them; or, on the contrary, there may be developed a love for show and externals in matters of apparel, entirely inconsistent with previous habits.

There are instances in which insanity is so insidious in its approach that it is not recognized until fully established, and sometimes not until it has already reached a chronic stage. In these cases there is often an intensification of natural characteristics; this occurs especially in persons of marked peculiarities of temper or of disposition, which often exist in those of a congenitally feeble mental organization, or, on the other hand, in those possessing mental strength and vigor, but who are without proper balance or training. It is sometimes difficult in these instances to distinguish the changes wrought by disease from capriciousness, eccentricity or false views of life. Such people are inclined to be irritable, quarrelsome, self-willed, and are unpleasant in their families, and in their relations as neighbors. They imagine or greatly exaggerate grievances, and are given to the habit of trying to rectify them by appeals to law. They continue to grow more ill-tempered and irascible, till they sometimes become the terror of a community. At last, from the violence of their conduct, they may be brought to the notice of the authorities, when a thorough examination reveals



their actual mental condition, and they are shown to be insane and irresponsible.

I have thus attempted to sketch briefly and concisely the most common and prominent of the initiatory changes, both physical and mental, which precede and point to an approaching attack of insanity, and also to notice some of the circumstances which may obscure the early recognition of the disease. It is not claimed that the list is complete, or that the various combinations in which the symptoms exist have been presented. These will differ much, as do the history of the cases under investigation. They will, however, be found to be naturally classified under the divisions employed—disturbances of function, of sensation, and of mental states. The manifestations of the mental disturbance, both in subjects and direction, present the greatest diversity, and are as various as the ages, the educational advantages, the social circumstances and surroundings of individuals, or the troubles or misfortunes with which their lives may be checkered.

If, in some of the descriptions of mental changes, the boundary line of sanity has been passed, it must be borne in mind that the border land between sanity and insanity is sometimes shadowy and indistinct, that it may be crossed and re-crossed before the mental status becomes finally certain. Delusive ideas of to-day may be dissipated on the morrow, only to be renewed with greater force and more full control, till at last they are received with a full belief in their reality. It is during this state of uncertainty and doubt that not unfrequently the person has an appreciation of his condition, realizes the fact that he is becoming insane, and voluntarily seeks relief from his trouble. This period promises the best and speediest results to judicious

medical treatment, and hence the importance of its full appreciation by the physician.

“With the advance of medical science, insanity has been more and more practically understood; and, happily, the mystery and dread associated with it melt away under the light of investigation and experience; and both physicians and laymen see it in a less formidable light, when it is brought before them in its true character of a cerebral disease, and only a disease. Now the triumph is complete, mystery and superstition vanish, and the insane man stands forth simply as a sick man: one, who by reason of cerebral disease, is unable to use his brain—not a man with a mind diseased, a mad mind, an enfeebled mind—but with a brain and nervous system so disordered as to disturb, confuse, heighten, or lessen the mental operations; a mind acting through a disordered organ—a spiritual being untouched by disease, looking through the disordered and broken house in which he dwells.”\*

---

\* Transactions of New York State Medical Society for 1868, page 88, op. cit.

# SECTIONS AND SECTION CUTTING—WITH A DESCRIPTION OF A NEW POLY-MI- CROTOME FOR FREEZING.

---

BY WILLIAM HAILES, M. D.,

Assistant Physician, New York State Lunatic Asylum, Professor of Histology  
and Pathological Anatomy Albany Medical College, etc., etc., etc.

---

We are too often, as professional men, inclined to undervalue the importance of manipulative skill and mechanical detail in the preparation of objects intended for microscopic observation. One must not forget how entirely dependent we occasionally are, upon mechanical means to carry forward plans of investigation to a successful termination; as, for example, in the cutting of an embryo, of only a millimetre or so in length, into a series of one hundred or more successive sections, without losing one. An unbroken series is of great importance especially when studying the formation of organs. If we have the proper mechanical means at disposal, our labors are wonderfully lightened, and the preparations are in far better condition for that close scrutiny which must necessarily follow, and which is becoming more and more essential as we are called upon to deal with problems more intricate and abstruse in their nature, and demanding greater care and accuracy in methods of preparation.

There can be no question of the great importance of the examination of fresh tissues, and the desirability of being able to make free-hand sections of fresh organs for immediate microscopic examination. It is a matter not always sufficiently insisted upon, and is one of the very first, and also the very last thing required by

Prof. Von Recklinghausen and others in the pathological laboratories of the Old World.

We all know how difficult it is for beginners to make sections of fresh tissues sufficiently thin for satisfactory minute examination, and it is surprising, at the same time, to find how much can be readily accomplished by the aid of a little practice and a good razor; but all do not possess the requisite mechanical dexterity, nor sufficient of that cardinal virtue, patience, and must, therefore, resort to other means. My attention was particularly drawn to this point while at the University of Edinburgh, Scotland, in September last, by my friend, David J. Hamilton, F. R. C. S., etc., who is in charge of the pathological laboratories there, and to whom I am indebted for many valuable suggestions in relation to freezing, etc., etc. He has written a very interesting article in the *Journal of Anatomy and Physiology*, Vol. XII, entitled, "A New Method of Preparing Large Sections of Nervous Centers for Microscopic Investigation." He says, "it was found that the crystals of ice so broke up the delicate nervous tissue as to render it totally useless for minute examination," and discovered that "when brain substance was soaked in strong syrup, previous to freezing, it could be cut without the slightest injury. The sugar somewhat retards the freezing, and seems, besides, to alter the manner of crystallization, so that, instead of the ice being spicular in form, it, evidently, becomes granular, and does no injury to the parts." The specimen being placed in the solution, (sugar two ounces, water one ounce), for twenty-four hours, is removed to ordinary mucilage acaciæ for forty-eight hours, and is then cut in the freezing microtome.

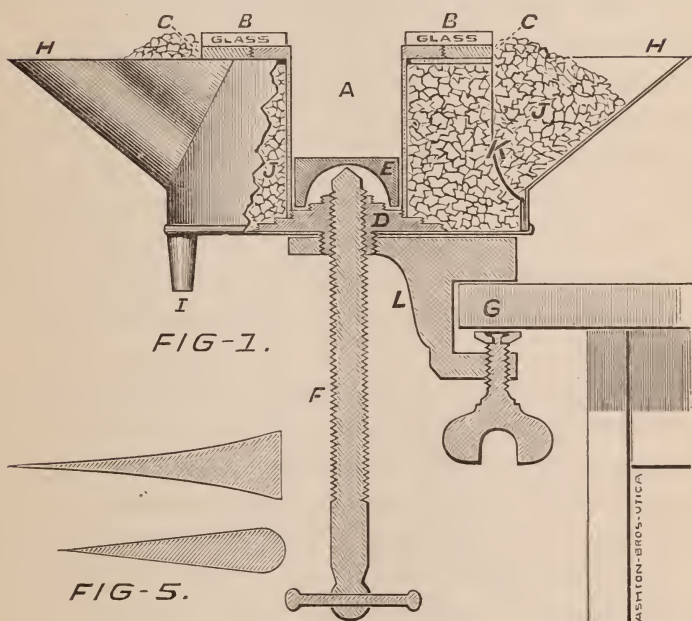
Some years since it occurred to me that it was possible to construct a microtome combining several sizes in



one, and, after experimenting, I devised the following instrument, as indicated by the accompanying drawing, and which I would name

### A POLY-MICROTOME FOR FREEZING.

ARRANGED FOR FREEZING WITH ICE AND SALT.



EXPLANATION OF FIG. 1.

(Drawing—One-fourth the original size).

A—Medium-sized cylinder. B—Plate-glass top, (to facilitate cutting). C—Metal face-plate. D—Pyramidal bed-plate, (containing five sizes). E—Plunger of microtome. F—Micrometer screw. L—Clamp. G—Table. H—Hoppers for feeding ice and salt. I—Exit tube for water. J—Ice and salt. K—Movable cover fitting inside of jacket to prevent the ice from escaping over the top. The outside of the ice-jacket is covered with felt or gutta percha.

EXPLANATION OF FIG. 5.

Sections of two knives, (5 in. long by  $1\frac{1}{4}$  in. wide), and (4 in. by 1 in.)—recommended by Bevan Lewis, F. R. M. S.

One can convert this instrument into a larger or smaller microtome by simply selecting the desired sized

cylinder and plunger, and screwing it fast to its appropriate thread upon the pyramidal bed-plate; *the advantage being that the other parts are common to all.*

One great advantage with such an instrument is, that where large numbers of sections are required for purposes of instruction, in the working laboratories of our medical schools, there can be a great saving of time, both of student and instructor, and also of material; and, moreover, it especially facilitates the matter of class demonstrations, for all the members can be looking at practically the same locality of a growth at the same time. *Large and very thin sections can readily be obtained, and at the rate of eighty a minute, or more than one each second.* The delicacy, ease and rapidity with which they can be cut must be seen in order to be appreciated.

The art of cutting is very readily acquired, and when the preparation is frozen, it is but the work of a very few moments to obtain several hundred sections. It is not necessary to remove the sections from the knife every time, but twenty or thirty may be permitted to collect upon the blade. They lie curled or folded up upon the knife, and when placed in water straighten themselves out perfectly in the course of a few hours. These sections are not only evenly cut, but show no traces of irregularity from the knife. They consist of very nearly a single layer of elements, and form exquisite objects for mounting, more especially for examination with high powers. Several hundred sections are made from a single specimen, (histological or pathological), and kept in a preservative fluid, recommended by Dr. David J. Hamilton. It is composed as follows: R. Glycerinæ, Aquæ distill., aa.,  $\bar{z}$ iv. Acid Carbolici, gtts., iij. Boil and filter.

Sections keep indefinitely in this preservative,\* and

\* I have specimens which have kept perfectly in this solution for about a year.

whenever desired a section may be selected almost at random, and mounted. I have obtained many fine preparations by this method, and use it constantly in the laboratory, for the reason that a small amount of material can be made to go so far. For example: one can make two or three hundred sections from a single epithelioma of small size, or perhaps utilize the whole of some rare pathological growth by converting it all into sections, almost every one of which is capable of exhibiting satisfactorily the characteristics of the new formation. Thus one is enabled to simplify his work in each department, and not as hitherto be considered entirely dependent upon the opportunities of the moment for supply in matters of pathological interest.

After a careful trial of Hamilton's method of section cutting, it occurred to me that it might be possible to cut perfectly fresh tissues without special preparation, other than by simply freezing them. I attempted to make transverse sections of two adult kidneys, from the same individual, a contracted kidney, seven-eighths of an inch diameter, and a large white kidney, one and seven-eighths inches diameter, and succeeded beyond my expectations. I obtained entire sections of both kidneys, from capsule to pelvis, and sufficiently thin for immediate microscopic examination. By using osmic acid a satisfactory demonstration of the pathology of Bright's disease was obtained; for, by means of the reaction of the acid, those tubules containing fatty degenerated epithelium were marked out with great distinctness, and one could clearly trace through the medullary portion, and along the pyramids, the course of many of the converging collecting tubules in which the process was more advanced than in others, and in which masses of fatty degenerated epithelium were blocking up the interior. The picture that these

long collecting tubules presented, with their fatty contents, was quite striking. This method could be employed to very good advantage for purposes of instruction.

The freezing by ice and salt requires at least twenty minutes of patient, "stirring" work, and when several specimens are to be cut the outlay of considerable time. It was, therefore, with great satisfaction that I read an able and thoughtful article by Bevan Lewis, F. R. M. S., etc., in the October number of *Brain*, entitled "Application of Freezing Methods to the Microscopic Examination of the Brain," in which he recommends the use of ether spray, and employs a hollow cylinder of zinc, with a false sloping bottom leading to an exit tube, which conducts off the condensed ether. This cylinder "possesses three circular openings, three-quarters of an inch in diameter; one placed in front of the two others laterally opposite each other." "The nozzle of the spray instrument is introduced through the opening in the left hand side of the freezing chamber, and the spray made to play upon the lower surface of the cap immediately beneath the tissue to be frozen." It occurred to me that, instead of using the ice and salt in the microtome just described, the ether spray could be employed with some modifications; and so, having a zinc cylinder made a little smaller than one of the wells of the poly-microtome, I found that freezing required only about a minute, and consumed about six drachms of ether, a portion of which was re-collected.

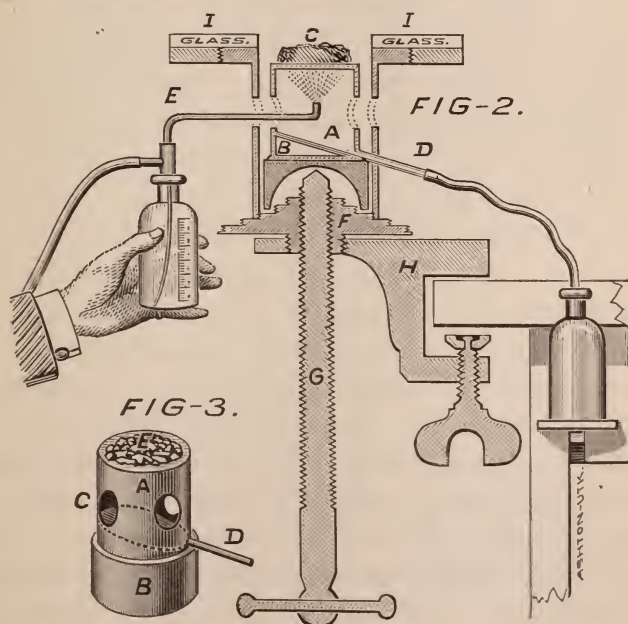
I was pleased to find such good results from so simple a contrivance, and to observe how easily and quickly thin layers of tissue could be frozen, and how readily a portion of the ether could be re-collected without any elaborate condensing apparatus; for "the free evaporation and subsequent condensation of the ether is provided for



in the same chamber." Of course, in such an imperfect arrangement a portion of the ether is lost. Anyone having a microtome can convert it into an ether freezing microtome, by simply having a plain zinc cylinder, such as has been described, made a little smaller than the well of his microtome, "soldering it fast to the plunger to insure absolute steadiness," and then with the ordinary spray instrument freeze the specimen; drop it quickly into its place, and cut in the usual way. If a more perfect instrument is desired, it is only necessary to have holes cut through the wall of the microtome to correspond with the openings in the zinc cylinder, also a narrow slot for the exit tube for conducting off the condensed ether, and everything for freezing is complete—*voilà tout*. The following drawing will perhaps assist in the explanation:

## POLY-MICROTOME.

ARRANGED FOR FREEZING WITH ETHER SPRAY.



## EXPLANATION OF FIG. 2.

(Drawing—One-fourth the original size).

A—Zinc cylinder or spray chamber. B—False or sloping bottom for conducting of condensed ether. D—Exit tube leading to collecting bottle. C—Object to be frozen. E—Ether spray apparatus. F. Pyramidal bed-plate, etc., etc.

## EXPLANATION OF FIG. 3.

A—Zinc cylinder or spray chamber. B—Plunger of microtome. C—Opening for spray instrument, etc. D—Exit tube for collecting condensed ether. E—Roughened top to facilitate the retention of the frozen object in position.

The instruments just described are best employed for certain kinds of work only, and would prove inadequate if called upon to perform other work than that for which they had been especially constructed; consequently, other instruments have been devised.

It may be well to make mention of some other varieties in this connection. I would therefore refer to two other forms. One is known as the "Long microtome," and is designed for small work; the other, its opposite in point of size,—the large microtome—made and employed at the New York State Lunatic Asylum, for making sections through the entire human brain. The first, or "Long's microtome," is an improved adaptation of an old principle which has been in use for many years, and was devised by Dr. R. Long, of Breslau, Schlesien, and offers special advantages in certain particulars. For example, where a series of successive sections of anything very minute is required, such as, an embryo for instance, the instrument can be easily adjusted for either transverse or longitudinal sections with the greatest accuracy, and no haste is required in cutting such a series; one can cease at any stage of the operation, and begin again days or months afterwards, if it is so desired.

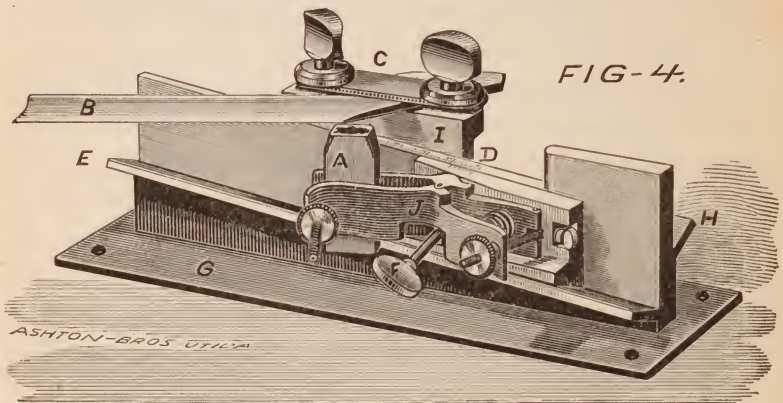
In speaking of this form of instrument another fact must also be mentioned in connection with it. I refer to a new

embedding mass which was first brought to the notice of the profession by the late Prof. Calbarla, of Heidelberg, and who died a short time since in the south of France. The mass bears his name, and is known as the "Calbarla mass," and consists simply of eggs and a ten per cent solution of carbonate of soda. It is prepared as follows: White of egg, fifteen parts; solution carbonate of soda, (ten per cent,) one part; mix well, and add the yolks of the eggs from which the albumen was obtained. The whole should be well mixed together, and all fragments of vitelline membrane and *chalazæ* should be carefully removed. This is called fluid Calbarla. The object to be embedded is fastened upon a piece of old Calbarla, and placed in a paper box, and the new fluid, Calbarla mass, is poured upon it, and the whole placed in a small *covered* porcelain vessel, with alcohol surrounding it, and this placed upon a water bath and heated to about 50° C. It is then allowed to cool. The mass will be found coagulated into a substance resembling custard, and all that remains to do is to remove the paper box surrounding the specimen, and drop it into alcohol. The mass gradually attains the proper degree of hardness by the alcohol abstracting the water from it. It is one of the most satisfactory masses to cut, when properly prepared, that one could desire, and supplies a need which has long been felt by those working in exceedingly delicate and fragile objects. This mass is permeable to spirits, and consequently objects can remain embedded in it for any length of time without injury. It is also very useful where there are delicate formations or irregular jutting processes, joined by slender membranous connections, for it holds and preserves them in all their important relations, oft-times absolutely necessary, as, for example, the preservation

of relations of the epiblast, mesoblast and hypoblast.

It also permits the subsequent arrangement of the sections upon the slide. I have placed as many as thirty-two separate sections, through cerebral hemispheres, optic and otic vesicles, in perfect order, under an ordinary sized cover glass.

The following is a cut of the "Long microtome:"



EXPLANATION OF FIG. 4.

(Drawing—One-third the natural size).

A—Object embedded in "Calbarla." B—Knife. C—Knife-clamp. H—Horizontal slide for carrying knife. E—Inclined slide, (angle  $5^{\circ}$ ), for carrying object. F—Set-screw to return clamp at any angle. D—Vernier scale. G—Bed-plate.

The object is kept moist with alcohol from a dropping-flask, or from an ordinary wash bottle filled with alcohol.\*

It possesses a Vernier scale, and fine readings can be obtained. Sections one-five hundredth of an inch or even thinner can be cut, and one need not necessarily lose one section in fifty, so perfectly does this instrument work, especially when used in connection with the "Calbarla mass."

A word concerning very large sections. It happened to be my good fortune to have been at Munich,

\* This instrument is constructed of brass, and costs with two knives, in Breslau, 60 marks, or about \$15.



in August last, and to have visited the "Kreis Irren Anstalt," under the directorship of Prof. Gudden. I received a most cordial welcome, and spent some days in the laboratory there with Dr. Forel, first assistant, to whose faithful and patient work the results obtained are due, almost as much as to the brilliant and successful experiments made by Prof. Gudden himself. These sections were very evenly and nicely cut, but they were not intended for examination with high powers, and were simply covered by what appeared to be crown glass, and were used to make drawings from, being enlarged by means of a hand glass or loupe. In fact, I did not perceive any microscope with a stage sufficiently ample to accommodate so large a section as that through the entire human brain.

The special pathologist, of the State Lunatic Asylum at Utica, Theodore Deecke, has recently been engaged in making vertical sections through the entire human brain, and has now reached a point midway between the anterior and middle commissures. He has thus far, (in this single brain), made one thousand sections, and the total number for the entire brain will probably aggregate two thousand. Each section is one-four hundredth of an inch in thickness, but when desired a section of one one-five hundredth of an inch can be obtained. They are very perfect, and are mounted in such a manner as to be available to one-fifth inch or one-eighth inch objective in any part of their area.\*

The study of the anatomy of the brain possesses positively a new and fascinating attraction when pursued by this novel method; for what can be more conducive to study than each day to witness different points of interest appearing, as the brain is slowly cut away.

---

\* For a full description of microscope and microtome, see AMERICAN JOURNAL OF INSANITY, July, 1876.

The advance is so very gradual that the various important parts become indelibly stamped upon the memory; for this method gives as it were a complete topographical survey of the brain. The various convolutions of the brain mantle, with pia and blood vessels; the different fissures and sulci appearing and disappearing; the Island of Reil, and its relations to the cortex; the great ganglionic centers, ependyma and ventricles; or the location and distribution of the various commissures, all stand out as familiar landmarks to guide one in his examinations in subsequent pathological investigations.

# THE STRUCTURE OF THE VESSELS OF THE NERVOUS CENTERS IN HEALTH, AND THEIR CHANGES IN DISEASE.

---

BY THEODORE DEECKE.

---

## III.

In the foregoing articles we have seen that peculiar vascular arrangements exist in the membranes of the nervous centers. It will not be surprising to meet with more peculiarities when we dissect the organ itself. The fact that the arteries of the arachnoidea and of the pia mater form two networks of anastomoses, before they send off branches into the substance of the brain, was discovered by Heubner, and must be sustained in opposition to the objections of Duret,\* who admits only anastomoses between the finest vessels of neighboring territories. Another fact has been recognized long ago, that the arteries penetrate the brain commonly to a considerable depth before they divide. H. Duret† found it necessary to make the size of the arteries a point of distinction and describes their distribution as follows: The grey cortex is supplied only by those of small caliber and they terminate there in narrow meshes of capillaries, thus forming small territories of nutrition. The larger stems do not break up into ramifications before they have reached the medullary layer, and they supply mainly the white substance, taking a course generally parallel to the course of the

---

\* *Recherches anatomiques sur la circulation de l'encéphale.* Arch. d. Phys. norm. et path., 1874.

† *Op. Cit.*

nerve fibers. In the grey cortex three districts can be distinguished, one with a capillary network of comparatively large meshes in the external layer, one of very small polygonal meshes in the ganglionic layer, and one again of larger meshes at the border of the white substance. All these statements are in part correct, yet they can not claim to give full expression to the plan of organization. There are other points which must be considered of importance.

For the purpose of delineating a picture of the vascular arrangements in the substance of the brain, it seems the most acceptable to me to distinguish between four territories, viz.: the external layer of the convolutions, the ganglionic layer, the medullary substance, and the grey central nuclei or the great ganglia.

The nature of the external layer of the convolutions seems not to be beyond discussion. The description and illustration of the same in our text-books, and in other publications, are still very imperfect and diagrammatic. One of the best illustrations is found in Henle's "*Nervenlehre*, I, pag. 274;" the description, however, does not correspond with the drawing. I at least, can not detect there any star-shaped connective tissue cells, which, according to the text, the layer is said to contain. The peculiar triangular bodies in Meynert's diagram are the result of a false interpretation, and their form is to be explained from the various positions of these bodies in the sections. According to my own examinations of large sections through the whole brain, which offer the advantages of presenting the most various aspects of the object in one specimen, the layer contains a limited number of round nuclei, but in the main its framework is built up of delicate fibers which represent the manifold inter-woven, processes of star-shaped connective tissue corpuscles. The tissue is destitute of



nerve cells and also of nerve fibers, which are in connection with the subjacent ganglionic layer. It must simply be considered as a protecting cover of neuroglia tissue. From its wide meshy, or reticulated structure we can conclude that it is elastic, or to a certain degree compressible. It is not separated from the subjacent ganglionic layer, but merges imperceptibly into the same. If, however, under low magnifying powers, large areas are brought into the field of vision, the differences in the structure appear so striking, that a distinct line of demarkation between the layers will be visible.

The surface of the layer toward the pia mater is bordered by a layer of longitudinal fibers parallel to the convexity of the convolutions. I have not yet been successful either in dissecting the same into single elongated spindle-shaped cells, or in demonstrating their connection with the fibrous processes of the connective tissue corpuscles of the subjacent tissue. It must also remain an open question whether the layer is covered or not, by a delicate pavement epithelium, or by endothelium. Regarding its relation to the vessels which enter into the cortex of the brain, it must be remarked that the fibers form simple concentric openings through which the vessels take their course, and that they do not conduct the same downwards. The latter fact would speak against the existence of a lining by endothelium.

The external layer of the convolutions receives its vascular supply mainly from quite small branches of the second arterial network of the pia mater, which in a right angle enter into its tissue and, at once, break up into ducts of small caliber. This is the rule. Occasionally a larger stem, on its way downwards may send off a branch, or one of the smaller may enter the gan-

glionic layer. The tissue does not abound in capillaries, but their caliber is always larger than that of the capillaries of the ganglionic layer. The whole thickness of the external layer of the convolutions in sections through a human brain, carefully hardened in chromic acid solution from one-fourth to one-half per cent and alcohol, is in the average 0,011 inches, of which 0,0007 inches belong to the fibrous lining. These figures, of course, are correct only for sections cut exactly in a right angle to the tangent of the convolutions. A difference in thickness in different convolutions from 0,1 to 0,3 millimeter, as pointed out by Henle, has not been observed by myself. The round nuclei in the tissue, of which two kinds are to be distinguished, from their size as well as from their appearance, measure 0,0003 and 0,00016 inches in diameter. The larger ones contain a granular protoplasm, the small ones a nucleolus which fills out almost the entire lumen of the cell. Both cells are found only in limited numbers and irregularly distributed through the tissue, the smaller ones occur more frequently in the fibrous covering.

The most interesting organizations in the layer are the connective tissue corpuscles. They are described by Henle as very small stellate cells, the fibrous processes of which are in connection with the delicate network of which the layer is composed. This description is, in general, correct. According to my own observations the body of the cells has a diameter of from 0,0003 to 0,0004 inches. They are nucleated, and their tooth-like projections, five to ten in number, have a length of from 0,00015 to 0,0002 inches. Each of these projections runs out into a delicate fiber of 0,0019 inches or more in length, and the largest distance between the corpuscles amounts to from 0,0009 to 0,0013 inches.

From this it will be seen that these corpuscles are of considerable magnitude, that they are not sparsely scattered, and that the tissue is far from being destitute of cells, as generally described by authors. It is probably from the circumstance that they imbibe the carmine solution so very slowly that their presence has been frequently overlooked. In sections which had remained from six to ten days in the staining fluid they became most clearly visible.

The second territory of nutrition which we have to consider is the ganglionic layer of the convolutions. It receives its vascular supply from the first network of anastomoses in the arachnoid spaces, from arteries of considerable size which penetrate the cortex of the cerebrum down to the border between the grey matter and the medullary substance, before they divide. I do not fully agree with Duret, who separates this territory entirely from the following—the medullary layer. The main supplying vessels for both districts are the same, yet the manner in which they break up into fine ramifications is a point of difference, and justifies a distinction between the two, and a separate consideration.

The vessels, as a rule, after having reached the lower district of round cells, which separates the ganglionic layer from the medullary substance, send off branches at a right angle. If divisions occur above this point they are at an acute angle, and it is not unfrequent that two vessels, almost of equal caliber, are observed in the same perivascular canal. From the rectangular branches others proceed in an upward direction—that is, from the internal toward the external layer, which abruptly break up into that fine and dense network of capillaries by which the ganglionic territory is characterized. The main stems, however, proceed in their course downward into the white substance, where they

again divide, commonly at more acute angles, and where the main stems themselves gradually diminish in size, and obtain a capillary appearance. From this arrangement it occurs that, although both territories receive their blood supply from one and the same source, in the ganglionic layer the districts of nutrition appear to be very small, with a limited longitudinal, and a small lateral extension, while in the white substance, the meshes of capillaries are wide and prolonged and follow the course of the fibers. This arrangement seems to be physiologically of importance.

There are two principal factors which come into consideration, viz.: the pressure of the blood in the nutritive vessels, and its physiological variations. In regard to the relative pressure, we know that it diminishes, in a direct ratio, to the transverse diameter of the vessel; but a marked difference will be noticeable, according to the manner in which, in a given case, the division into smaller branches takes place. According to the physical laws of the movement of fluids in elastic tubes, there is much less resistance and loss of pressure when the transition into tubes of smaller caliber is a gradual one, than when there is a sudden breaking up. In the latter case the pressure in the capillaries, for instance, will be but a minimum of that in the mother vessel. From microscopic observations of the circulation of the blood in living tissues, we must draw the conclusion that in the capillary system in general, even in tissues which are not prominent for their vascularity, the actual pressure is exceedingly small, frequently so small that the weight of the cover glass suffices to interrupt the circulation.

Both conditions now—the sudden division and the division into ducts of the smallest caliber—are a prominent feature in the structure of the ganglionic layer of



the convolutions of the brain. From this we must conclude that the pressure of the blood in the nutritive vessels of this delicate and sensitive tissue can be but very low and uniform. From the abrupt origin of the capillaries in this tissue we must, furthermore, conclude that the circulation in the same is in a high degree protected against influences dependent upon alterations of pressure in the larger supplying stems. This protection, it is true, seems to be less effective in regard to sudden and violent changes, which, considering the low pressure in the capillaries, may immediately result in a temporary stasis of the blood of more or less extension, an affection to which the grey cortex of the brain appears to be exposed to a high degree. Under otherwise normal circumstances, however, there will always be a quick relief from this condition, since the arteries do not terminate in these districts. There is free afflux of the main current, enough to prevent a continued interruption.

We proceed to a consideration of the second factor—the physiological variations of the pressure of the blood in the nutritive vessels. It is customary to assume that all modifications of function are intimately connected with changes in the supply of blood. This proposition has been affirmed by science. Thus we speak, in a physiological sense, of cerebral hyperæmia, that is, of an increase in the supply of nutritive material during mental activity, and of cerebral anæmia, or a decrease in the supply during rest. It is not intended by these words to explain anything in regard to the physiological difference between the state of being awake and sleep; it is simply a statement of an existing relation between the demand for, or the consumption of material, and its supply. The question arises, what is the nature of this relation? The unprejudiced answer would

be: it is the demand, or the consumption that regulates the supply; or, in other words, it is the life-action of the tissue which alters and regulates the supply. This, indeed, seems to be quite natural, and in conformity with the oldest and the newest theories of the processes of nutrition. This, I think, explains in a satisfactory manner all the physiological changes in the nutritive system which are supposed to occur continually.

Recently, however, the hypothesis has been advanced of the existence of a system of so-called trophic nerves in the body. They are considered, like the vaso-motor nerves, as a part of the sympathetic system, and it is said that it is their function, by chemical action upon the tissues, to control their nutrition. We will learn in the following what the consequences of this supposition would be.

It appears somewhat singular that at the present time this hypothesis only claims to serve for the purpose of explaining pathological conditions, or conditions brought about by a forcible intervention with the normal state of things. That it adds anything to a successful understanding of the processes of the continual change of matter, to which all the tissues of the body are subjected, can not be asserted. It does not throw any light upon the great variety of these processes, from a chemical point of view, nor upon their nature, which has hitherto been considered as intimately connected with the active life of the tissues, or, in the last instance, with its cell elements. Does it not seem hazardous to make the individual or the family life of all the cells of which the organism is composed, so different in nature and destination, dependent upon an outside factor? If the nutrition of these cells is controlled by such a factor, the action of a trophic nerve, what, we

may ask, controls its own nutrition? It is out of consideration that the organic change of matter is a chemical process, and that a deviation from the normal standard of assimilations and dissociations, in a given case, indicates the presence or the absence of some factor, by the influence of which this is produced. But it has never been suggested to look for this factor in other quarters than in the constitution of the chemical compounds or elements which act upon each other, or in the constitution of the organized elements by which this action is maintained and modified. The ultimate laws of life and life-action are not yet within the limits of our cognizance, but to place the physical or physiological properties of membranes, of the protoplasm, of the nucleus of a cell in a state of dependence to nerve force, which itself very probably originates in organic chemical actions, does not signify any progress towards the discovery of those laws.

The fundamental phenomena upon which the theory of the existence of trophic nerves was based, are the same from which the existence of a vaso-motor system was deduced. If the sympathetic nerve or a branch of it, leading to a part of the body is divided or destroyed, the blood vessels of that part immediately lose their tonus and become enlarged. If, however, a galvanic current is caused to pass through that part of the nerve which is still in connection with those vessels, they immediately contract, and in a direct ratio to the strength of the current, even beyond their normal expansion. Cl. Bernard, who discovered this fact, found furthermore, that the dilatation of the vessels was concomitant, aside from an increased fullness, with an elevation of temperature in the part affected, while the contraction was accompanied by a pale, anæmic condition and a diminution of the temperature, even below

the normal standard. The contraction of the vessels was regarded by all as an active phenomenon and led at once to the acknowledgment of a vaso-motor system of nerves, and to further successful investigations for the purpose of determining their mode of division and the location of their center. The phenomenon of the dilatation of the vessels may, and has been differently explained. Brown-Séquard and other prominent physiologists considered it as of an entirely passive nature, as a paralysis, produced by the interruption or cutting off of the tonic nerve from its center, following which, the relaxed walls of the vessels yielded at once to the expanding pressure of the blood. Against this explanation there can hardly anything be brought forward, and it is the one at present generally accepted.

In regard to the accompanying phenomenon, the rise and the fall of the temperature in the affected parts, it seems to me that a misinterpretation has existed from the beginning up to the present time. The simplest explanation undoubtedly would be, that the changes in the temperature have a direct relation to the changes in the velocity of the blood current and its consequences. These are an increase or decrease of friction, or heat, which necessarily results from the acceleration or the retardation of the current of the blood. The importance of this factor, and the degree in which it should be brought into account, can be estimated from the alteration which it produces in the walls of the vessels themselves. These alterations take place long before any influences upon the surrounding tissues become noticeable, and it appears very questionable whether it is at all necessary or justifiable to have recourse to other sources, for the variations in temperature, than those furnished by the vascular system itself.



Nevertheless, this has been done from the beginning. The increase or the decrease in the fullness of the vessels, the hyperæmic or the anæmic condition was at once, not only brought face to face with, but was made equivalent to an increase or decrease in the vital activity of the parts involved. Thus the elevation and the diminution of the temperature was made an indicator, not of changes in the supply and its natural consequences, but of alteration in the changes of matter, that is, of changes in the consumption of material. This admitted, it was only a small step further to conclude from the experiments, that in the case of the galvanic excitation of the sympathetic, like the current of the blood, the change of matter in the part in question, or the consumption of material, was impeded by the action of nerves belonging to that system, and that it was accelerated, like the current of the blood, in the state of paralysis of the tissues produced by the cutting off of those nerves from their center. The sympathetic was, therefore, considered as an inhibitory nerve in regard to the processes of nutrition; in a state of action it impedes and diminishes assimilation and secretion; if paralyzed the chemical processes exceed the normal bounds, or—all bounds.\*

It is, however, not the capillary system alone, Schüle† continues, upon which the trophic nerves act; they also lower the functional activity of the tissues themselves.

We may look upon the theory of the existence of trophic nerves, in its present form, from any point of view we choose; the one suggestion, if the theory is true, must be accepted, that supply is equivalent to consumption. The tissues or the cells are compelled to

---

\* Vide Schüle, *Mental Diseases in Ziemssen Cyclopædia*, pag. 612. German edition.

† Loc. cit., pag. 612.

consume, they must consume the more, the more material is furnished, even if they should perish, as long as the trophic nerves suffer, which, under normal conditions, by measuring the quantity of food they furnish, prevent a surfeit of the little stomach of the cells.

Schüle\* assigns to the disorders of this trophic nervous system an important office in the pathology of mental diseases. The sympathetic is, in his opinion, the trophic nerve of the brain, and he sees in affections of the same the common physio-pathological point of contact between the nature of the two fundamental forms of mental disturbance: mania and melancholia. In melancholia, he says, the inhibitory power of the sympathetic, in regard to the act of nutrition, prevails. In mania, the change of matter in the tissues is accelerated by its inactivity. He finds an affirmation of these views in the "*pulsus tardus*," common to all neuro-pathic constitutions, from which the psychoses arise, viz.: melancholia, characterized by the tricrotic *pulsus celer*, mania by the dicrotic *pulsus celer*. In this he goes too far. The pulse curves give us a graphic picture of the periodicity in the changes of the blood pressure, but there is at present nothing known of the relation they bear to the state of nutrition of any organ of the body. The claim of Schüle, furthermore, that this view is quite in accordance with the definitions of Meynert, of melancholia as an exhausted condition of the brain, of mania as a cerebral disorder in which the liberation of vital energy is made easier, is likewise unproved, and only acceptable when we adhere to the same error, above exposed, considering the changes in the supply of nutritive material equivalent to alterations in the change of matter.

---

\* Ibid, pag. 613-620.

This leads us back to our main question. The principle expressed in this sentence can not be brought into harmony with other established physiological facts. It was shown by Pflüger\* years ago, experimentally, that the consumption of oxygen, by the tissues, undoubtedly the measuring indicator of all change of matter, of course in certain limits, is independent of the quantity contained in the blood, that is, independent of the supply. Some years later Finkler† demonstrated by a series of experiments that the consumption of oxygen, as well as the excretion of carbonic acid, is absolutely independent of the velocity of the blood current, the quantity of the blood furnished, that is again independent of the supply. In these experiments the variations in the supply of blood amounted to not less than one-third of the normal standard. This of course would locate the regulation of the change of matter entirely in the active life of the tissues or of the cells themselves.

But objections may be raised against the validity of these experiments in regard to their connection with the pending question. It can be said that the trophic nervous system was not injured in these experiments, and executed, in spite of all changes in the supply, its inhibitory power upon the activity of the tissues. But how is it, if, by the simple introduction of another factor, we were able to overthrow this power? This has been done by Bert,‡ who showed that, although the consumption of oxygen by the organism is independent of the partial pressure, this is not the case in

---

\* Pflüger, *Archiv. für Physiologie*, VI, pag. 43.

† Pflüger, *Archiv.*, X, 7.

‡ *Recherches, experimentales sur l'influence que les changements dans la pression barométrique exercent sur les phénomènes, de la vie. Comptes Rendus*, 1873, 76, 77.

regard to its tension. If animals respire in an atmosphere of oxygen of high pressure, they will be affected with convulsions, at the moment when the arterial blood contains 28 to 30 vol. p. c., (0,76 m. pressure,) of oxygen, and they die in 35 vol. p. c. As this is equal to an amount of 22.8 p. c., and 26.6 p. c., by a pressure of one meter, it is evident that it represents only a small increase of the normal amount. This small increase, however, corresponds to an immense increase of the tension of the oxygen, about as 35 to 2280. In these experiments the consumption of oxygen and the formation of carbonic acid decreased in an inverse ratio to the pressure. The excretion of urea was diminished and the temperature lowered. There was, therefore, a great alteration in the change of matter; where was the influence of the trophic nerves to prevent these alterations?

In order to get a right idea of the importance of this discovery of Bert, it will be necessary to analyze the meaning of the word change of matter. It is evident that in the life of the tissues and the cells, we have to distinguish between two active principles, viz.: the assimilation of nutritive material, and the dissociation of the assimilated material. In the act of assimilation, the albumen, for nourishment, is converted into the living albuminous compounds of the cell. The first is characterized by its durability, its indifference and its power of resistance, the second represents the most decomposable and unstable substances. In the building up of a tissue, therefore, labor is performed, by which the cohesion of the albuminous molecules has become extraordinarily weakened. Heat is absorbed, and stored in the constitution of these living molecules; intramolecular heat, which can be considered as the physical expression for the inner life of the cell.



The contrary takes place in the acts of dissociation of the living albuminous compounds, under formation of carbonic acid, water and amide-like compounds. The intra-molecular labor is diminished and heat is liberated.

According now as the one or the other process prevails, there will be a change in the condition of the tissues. In normal life this change is a periodical one, and is regulated by organic laws, the nature of which, as we have good grounds to assume, must be intimately connected with, and dependent upon the nature and the functions of the cells, that is, upon the nature of the living albuminous compounds which constitute the cell organism. These laws must be different, for the cells of which the liver is built up, from those peculiar to the kidneys; different, for the fibers of the muscles from those for the fibers of the connective tissue; different for the ganglion cells of the spinal cord, from those of the grey cortex of the convolutions of the brain, etc.

It is unquestionable that these changes in the condition of the tissues have something to do with the states of so-called rest and activity, to which all living organic structures are more or less subjected. These changes seem to become the more marked, and characterized by their periodicity, the more complex the organization of the part and its functions. It reaches its highest point evidently in the state of sleep and of being awake, in that part of the nervous system in which, by good reason, we locate the laboratory for the play of those processes, which are invariably concomitant with the display of the intellectual faculties of the mind.

During rest or sleep, the inner labor, the processes of assimilation prevail, during activity or when awake, the processes of dissociation. In the first case heat is con-

sumed, withdrawn from the surroundings and converted into latent energy, or intra-molecular heat. The perceptible temperature is lowered. In the second case heat is liberated; the latent energy converted into living forces, transferred to and acting upon the surroundings. The perceptible temperature is raised. From this it will be seen that the actual rise or fall of the temperature in any part of the body is only conditionally an indicator of the rise or the fall of the change of matter in that part.

We will now fully understand the import of the phenomena connected with Bert's interesting experiments. It was only one factor in the change of matter, whose state of activity was affected; the dissociation of material. The affinity of the living albuminous compounds, of the cells of the body, to oxygen under high barometric pressure, was found to be more or less extinguished. The living albuminous compounds exhibited here the same conduct, as, for instance, active phosphorus, does. This element so easily oxydized under common circumstances, displays no affinity to *compressed* oxygen, and is not oxydized in an atmosphere of the same.

If the results of these experiments demonstrate anything, they demonstrate that it is solely the life action of the cells themselves, which regulates the change of matter. The living cell *takes* the oxygen, as the phosphorus does, under certain conditions, as one of its active functions of life, and it is not compelled to do so by an outside factor or by the quantity which is offered to it for consumption. What is found to be a law, for one substance and that the most important one carried by the blood to the tissues, must be binding for all.

It must, therefore, be considered as one of the principal laws of life, that the change of matter is regulated in the living cells, and that it is not the quantity of

nutritive material, furnished, or the velocity of the blood current, which executes a determinative power upon these processes.

With the acknowledgment of this law, the existence of trophic nerves as parts of the sympathetic system, or the existence of nerves, or of a center, for the production or moderation of animal heat, has become, at least more than doubtful, and may be left entirely out of consideration, in regard to the circulatory movements in the cerebrum. After this excursion into a purely physiological domain, I recapitulate the results of our investigations.

The vascular arrangements in the ganglionic layer of the convolutions of the brain, which are physiologically and pathologically to be considered of importance, are:

1. Its separation, in regard to the origin of its supplying arteries, from the first, the neuroglia layer of the convolutions.

2. The mode of division of comparatively large stems, which arise from the first arterial network in the arachnoid, and penetrate the grey cortex, sending off the first branches at a right angle, in the lower part of the ganglionic layer, from which the finest networks of capillaries abruptly originate, supplying the layer with nutritive vessels in a direction from the lower sections upward.

3. The comparatively small territories of nutrition which are created by this manner of division.

4. The continuation of the main stems downward into the medullary layer, by which arrangement a free afflux of the main blood current is afforded, thus reducing the pressure of the blood in the nutritive capillaries to the utmost, and protecting the same in a high degree against persistent alterations in the circulation.

It may be remarked here that these arrangements are of course not without exceptions; yet they appear the more striking the more numerous and larger the fields are which we explore. The description given in the foregoing, is drawn from the study and comparison of a very large number of sections cut at the most various angles to the convex surface of the convolutions. Each section was made through the entire brain, with its membranes, thin enough for the use of objectives from one to one-fifth of an inch.\*

The next vascular territory which comes into consideration is the medullary layer. It has been remarked in the foregoing that it receives its arterial supply from the same source as the ganglionic layer. The mode of division of the vessels, however, is a different one. As soon as they have entered the medullary layer they send off branches at acute angles, following the course of the nerve fibers, of which the layer consists. They gradually diminish in size, running out into arterioles, and finally into capillaries of which prolonged networks, with wide meshes, are formed, characteristic of this layer. This arrangement, in cases of congestion or hyperæmia of the brain, gives origin to the post mortem phenomena known as the "*puncta sanguinea*," in sections through the fresh organ. They represent red spots, at all places where blood vessels have been divided, which differ from punctiform hæmorrhages, in that they can not be washed away by a stream of water, while the latter can. Their number and size, and the rapidity with which, in a given case, they reappear, long ago served as a measure for the degree of congestion during the

---

\* The instruments and methods employed were described in the JOURNAL OF INSANITY, for July, 1876. The former were manufactured to order by Philo S. Curtis, 214 Whitesboro St., Utica, N. Y., where they can be obtained.



last moments of life. The phenomenon has its physiological as well as its pathological foundation. From the gradual transition of the larger tubes into those of smaller transverse diameter, it follows that the pressure of the blood, also in the nutritive vessels of these districts, must be, at all times, higher than in those of the ganglionic layer. To this has to be added that the arteries are in fact terminal arteries in these districts. The medullary substance is, therefore, not so well protected against persistent deviations of the circulatory movements from the normal standard, as the grey cortex of the brain. It is in accordance with this fact, that all cerebral disorders, originating from vascular lesions, in the beginning are characterized simply by functional disturbances in the conductive elements of the central nervous system, and these may continue for a considerable length of time, before other symptoms arise which point toward a deeper affection of the organ in which the ganglionic centers of the brain are themselves involved.

(TO BE CONTINUED.)

## FEIGNED INSANITY.

CASE OF JOHN GAFFNEY, HUNG FOR MURDER FEBRUARY 14, 1873.

---

BY EDWARD N. BRUSH, M. D.,  
Assistant Physician, New York State Lunatic Asylum.

---

On the 7th of May, 1872, in a drunken quarrel over cards in a saloon in Buffalo, John Gaffney shot and killed one Patrick Fahey. The shooting grew out of a disagreement which had occurred some days previously in a saloon kept by Gaffney. The murderer was arrested, and in August following, was tried, convicted and sentenced to be hung on the 27th of September. His counsel by various legal expedients, unnecessary here to detail, secured a stay of proceedings until the 14th of December, when the prisoner was again sentenced to be hung on February 7, 1873. Then followed most strenuous efforts by counsel and friends to secure a commutation of the sentence to imprisonment for life, but the governor, General Dix, telegraphed on the 29th of December that he should not interfere with the course of the law. Upon receipt of this news the prisoner completely broke down, and on February 3, only four days previous to the one fixed for the execution of the sentence, Gaffney made a full confession to representatives of the Buffalo press, detailing somewhat minutely his past life, and giving a full account of the crime for which he was about to suffer the death penalty, presenting all the extenuating circumstances connected therewith. Up to this time nothing had been said questioning the prisoner's sanity.

On the day following this interview the prisoner was visited by his friends and passed a usually quiet

day. After seeing a friend about noon, Gaffney laid down and slept, or appeared to do so until five p. m., when he got up and almost immediately broke into violent raving, indulging in the most horrible profanity and abuse, directed alike toward friends and those who had been instrumental in his conviction. His remarks were disconnected in the extreme, but were noticeably repetitions of the same ideas, in almost the same language. Through the night he paced his cell, apparently at times imagining himself in a police station, and asking why he had been arrested, again demanding that his friends, whom he said were outside, be allowed to see him, and then playing an imaginary game of cards with bits of paper which he found on the floor.

On the following morning, February 5th, some priests and sisters of mercy were admitted to see him, for the purpose of administering religious consolation, but upon his condition being reported, only the priests entered the compartment where he was confined. Gaffney received his visitors with a volley of oaths and abuse, and after they had retired, took up a crucifix which had been left in his cell and broke it into fragments. He assumed to know no one, and kept up a steady flow of incoherencies, talking about matters entirely irrelevant to topics introduced by those who had communication with him, and when, for the purpose of testing his self-composure, some one said, "Gaffney, do you know you are to be hanged day after to-morrow?" he paid not the slightest heed to the startling assertion. He made no violent demonstrations toward those about him, was not destructive of clothing, and was correct in his habits.

Upon the request of the sheriff, several physicians made an examination of Gaffney, to settle the question of his mental condition, and the majority joined in a

request, forwarded by telegraph to Governor Dix, asking him to grant a respite of a few days to give time for further examination. To this the governor replied by granting a reprieve of one week.

It will be somewhat interesting perhaps, to examine the testimony of the physicians in this case, especially as it illustrates the fact, that general practitioners, when brought face to face with cases of insanity, are frequently at a loss what decision to reach.

It was the privilege of the writer to be present at both of the examinations spoken of in the testimony, and it has never been his lot, nor does he ever expect to meet with a more horrible instance of profanity and abuse. During a portion of the time at each examination the prisoner complained that some one had been poking him in the head with a pole, through the bars of his cell; and that he had been at a cock-fight the night before, and had been hit in the head; claimed that he did not know where he was, or why there should be so many people around him. He had a wild stare, the eyes widely open, and seldom fixed upon anything, but gazing restlessly about. On one occasion, however, while walking by a window which gave a view of the jail yard, in which the gallows was supposed to be in course of erection, the prisoner lost this stony, staring look, and glanced hastily and uneasily about the yard.

When questioned upon his age, situation and number of his family, and his occupation, he either made no reply or gave utterance to remarks wholly foreign to the subject. He was seen upon two occasions, on separate days, by the physicians, and the testimony before the sheriff's jury was given in his presence on the afternoon of the second day.

The testimony of the first physician called, a gentle-



man of large experience in general medicine, was that Gaffney presented decided symptoms of insanity; but that this was not his conviction, but only an impression, and that the result of the examination on the second day was to weaken this impression. He said his physical condition was like that of many insane persons. He showed evidence of debility, feebleness of circulation, acceleration of pulse, and his manner and conversation were like that of a person insane. He constantly reiterated one or two questions in a monotonous tone of voice, and dwelt continuously on one or nearly one thing, and an attempt made to divert his attention from that was not successful. He complained that he was arrested, and was in the station house for some trivial matter; that his associates, calling them by name, had badly treated him; that he was not allowed to rest in his cell, but that somebody was continually poking at him with a long stick or pole; and his conversation was interlarded with oaths, every third or fourth word being an oath.

On the second day his pulse, which on the first occasion was one hundred and twenty, was eighty-six. He was not so demonstrative, and his attention was more easily diverted. This gentleman concluded his testimony by saying: "I do not think I could fairly and justly say that I have a fixed opinion in regard to this man's mental condition."

The second physician who testified was a practitioner of some twenty years standing. His evidence in regard to the physical and mental characteristics of the case were much the same as in the first instance. He was willing to state upon his oath that in his opinion Gaffney was insane.

The third witness testified: "I have been a physician for five years. I visited Gaffney first about noon yes-

terday, and stood at the corner of the corridor where he could not see me nor I see him, and heard him talk for some ten or fifteen minutes. He was swearing about being in the station house, about a Dutch dance, a chicken fight, his concert saloon, and Captain Frawley. His physical organization was in a prostrated condition, such as an insane man's might be. I saw him again this morning and heard him talk. He conversed upon the same subject but was not so voluble nor noisy." In the opinion of this witness Gaffney's case was one of acute mania.

The fourth witness was a physician of large experience, with some practical knowledge of the care and management of the insane. He gave substantially the same testimony in regard to the characteristics exhibited by the prisoner, and said: "From my first examination I was wholly unable to satisfy myself of the reality of his insanity. My opinion was, yesterday, that if he feigned it he did it remarkably well. This morning he was more natural, and I was told that he had slept quietly during the night. It is uncommon for a person who has been healthy all his life, to have insanity fully developed at once. His history and physical condition did not indicate to me that he was really insane; his talk did. He did not know anything—and gave no replies to questions which would indicate that he had any knowledge of their nature. He knew too little for an insane man."

The fifth medical witness concluded his testimony by saying: "I am no more prepared to say as a medical man that he is sane than that he is insane."

At the conclusion of the testimony, when the officers removed the prisoner, he walked quietly with them, and asked if they would go down and clear the men out of the saloon. Although the stairways were

perfectly clear, he wanted to know what the crowd of people were there for.

After Governor Dix had granted the reprieve of a week at the request of the Buffalo physicians, he ordered Dr. John P. Gray, of the State Lunatic Asylum, and Dr. S. O. Vanderpoel to proceed to Buffalo, and examine the prisoner. Dr. Gray testified, in substance, to having examined the prisoner on three occasions, with Dr. Vanderpoel, and that there were no evidences of insanity. His physical condition was that of a man in ordinary health, with some loss of color from confinement. His eyes were clear; the skin and its secretions natural. He was not untidy in his habits, but his hair was unkempt, and he kept running his fingers through it keeping it constantly disarranged. Gaffney, he said, was a case of feigned mania, and there was no correspondence between this physical condition and mental manifestations. A genuine case of acute mania would show evidences of physical disturbance in the general condition, the secretions of the eye, the state of the pulse, tongue, skin, loss of flesh etc. He showed none of the earnestness and sincerity, either in manner or utterance, of a real maniac. There was no genuine incoherence. His constant utterances consisted of a lingo or jargon of words, without relation or meaning, which he had evidently prepared, as he scarcely deviated a word in their repetition. They were uttered, sometimes in a low mumbling voice, and again in a loud, but monotonous manner. He constantly tried to avoid a direct glance, but kept his eyes turning from the wall to the ceiling. When pressed rapidly with questions he at times became confused. It was nearly two hours before they were able to break in upon his jargon. Twice during the first examination he went out of the cell to the corner of the corridor to urinate,

showing his nervous condition. He at length began to manifest a confused appearance and difficulty in maintaining an *apparent* unconsciousness of what was said to him, and finally under the constant press of questions he forgot himself and answered, but instantly attempted to retrieve by uttering his jargon in a louder and more confident tone. Dr. Gray then said, Gaffney you are caught, and Dr. Vanderpoel replied, yes, you are a miserable bungler. He suddenly stopped and attempted to strike Dr. Vanderpoel, but was prevented. He was then told that his conduct was, in all respects, unlike that of an insane man, and that his feigning was too manifest to be mistaken. In the subsequent examinations, he continued the same jargon as at first. They went into the cell and asked him to walk into the corridor, but he kept up a constant rattle of words, as though he did not understand, or was too much absorbed to hear what was said, but finally became confused and stopped his utterances. Dr. Gray then asked him to go on and repeat the same things he had been saying, as he desired to take it down. After looking at the ceiling he commenced again in a low mumbling tone. The visit in the evening was unexpected, and he was lying down on the bed, he commenced talking to himself and made no reply to questions, but endeavored to impress the idea that he did not understand. In the second interview the remark having been made that maniacs looked people in the face, he at times stared at the examiners. In the presence of the sheriff's jury he tried to keep up the apparent inattention and indifference. Dr. Gray pointed this out and referred to his conduct, manner and physical good health, and then called attention to the changing color of his face as evidences of feigning, and that he was fully aware of all that was going on. After the verdict was



rendered Dr. Gray went in to see him, and Gaffney said "well, Doctor, I hope you do not blame me for trying to save myself. If I could live I would lead a better life." He then spoke of the shooting as having been done under the influence of drink, when he did not know what he was about. Still he was able to give an accurate account of it, and spoke of some inaccuracies in the testimony.

Dr. Vanderpoel, in his testimony, said he could simply reiterate the statements of Dr. Gray. In regard to his physical condition there were no evidences of disease. The skin was somewhat pallid, but healthy. The muscles were perfectly co-ordinate, and they learned from those in charge that he had slept eight hours every day, and eaten his meals regularly. His eyes were clear; there was no intentness of gaze, and it was impossible to hold his eye for a moment. After being told that he was feigning he lost self-control. He then uttered a series of oaths. They told him that it was ridiculous, and on the second visit he did not utter an oath. There were, he said, scarcely any forms of mania in which persons will not recognize something, but he paid no attention to anything. The conclusion at which they arrived was that it was a case of feigned insanity.

The medical testimony only has been here presented; it is proper, however, to say that some of his fellow prisoners were produced as witnesses in court to show that Gaffney had, in his remarks to them, admitted that he expected to "fool the Doctors."

The question of insanity is one which has been frequently introduced into the courts, especially of New York, and this case and those of Waltz and Barr, already reported in the pages of this JOURNAL are illustrative of one phase of the subject.

In this instance the plea of insanity was not introduced until all other expedients had been tried, and we have an instance of a man concerning whose mental soundness no question had hitherto been raised, suddenly becoming apparently violently maniacal. The case illustrates what Bucknill and Tuke say of feigned mania: "The feigning madman, in all ages, has been apt to fall into the error of believing that conduct utterly outrageous and absurd is the peculiar characteristic of insanity. \* \* \* In the great majority of cases, feigned insanity is detected by the part being overacted in outrageousness and absurdity of conduct, and by the neglect of those changes in the emotions and propensities, which form the more important part of real insanity. \* \* \* No muscular endurance, and no tenacity of purpose will enable a sane man to keep up the resemblance of acute mania for a long time; nature soon becomes exhausted, and the would-be patient rests and at length sleeps. The constant agitation, accompanied by symptoms of febrile disturbance, by rapid pulse, foul tongue, dry and harsh or pallid clammy skin, and the long continued sleeplessness of acute mania, can not be successfully imitated. The state of the skin alone will frequently be enough to unmask the pretender. If this is found to be healthy in feeling, and sweating from the exertion of voluntary excitement and effort, it will afford good grounds for suspicion. If after this the patient is found to sleep soundly and composedly, there will be little doubt that the suspicion is correct."

At the end of the reprieve, February 14, 1873, the prisoner suffered the death penalty, previously acknowledging that his insanity had been wholly feigned.

# MECHANICAL RESTRAINT IN ENGLISH ASYLUMS.

---

BY W. LAUDER LINDSAY, M. D., F. R. S. E.,  
Physician to the Perth Royal Asylum, (Scotland).

---

*"Nullius in verba magistri."*

---

I would follow up what I have already said on the subject of Restraint and Non-Restraint in the treatment of the insane,\* by setting forth somewhat in detail:

I. The *actual* extent to which, and manner in which, mechanical restraint is at present used in the public and private asylums of England—that country which never ceases boasting of its model management of the insane and of hospitals for the insane.

II. When, in this hot-bed and headquarters of Conollyism, mechanical restraint is not employed, what are its *substitutes*, and what are the effects of the use of these substitutes.

III. And what generally are the results of the *non-use* in English asylums of mechanical restraint in cases in which the majority of experts throughout the world would deem it necessary.

In the first place I shall address myself to the questions, whether, to what extent, and in what forms, mechanical restraint is *actually* now employed in English asylums notwithstanding all the assertions of Conolly's admirers to the contrary.

---

\* *Vide*: I. "The Protection Bed and its Use," AMERICAN JOURNAL OF INSANITY, April, 1878, from the *Edinburgh Medical Journal*, February, 1878.

II. "The Theory and Practice of Non-Restraint in the Treatment of the Insane," AMERICAN JOURNAL OF INSANITY October, 1878, from the *Edinburgh Medical Journal*, April and June, 1878.

It so happens that an important official utterance has recently been made on the subject—the alleged *non-use* of mechanical restraint in English asylums. The British government, with that morbid concern for the “liberty of the subjects,” which so distinguishes it, thought fit, in 1877, to appoint a select committee to “inquire into the operations of the lunacy law so far as regards the security offered by it against violations of personal liberty.” In July, of that year, the said committee, having meanwhile taken evidence, *de omnibus rebus et quibusdam aliis*, presented to Parliament a voluminous “report” of 587 pages folio, containing *inter alia* certain “minutes of evidence.” These minutes of evidence give the opinions of all the leading authorities on “Lunacy Law” in the three kingdoms. But of those authorities the opinions and assertions of none carry with them anything approaching the weight of those of the veteran nobleman, who has so long presided over the English Board of Lunacy, viz.: The Right Honorable the Earl of Shaftesbury.

Of Lord Shaftesbury a contemporary English critic on “Lunacy Law Reform,”\* speaks as “the great chief, to whose opinions no government can refuse deference.” His is a “name illustrious on the roll of benefactors of the race of man,” we are told. “It is scarcely possible to discuss any question in lunacy without reference, tacit or expressed, to the actions and opinions of the Earl of Shaftesbury. Before the actions of such a man, while still among us, criticism must be dumb, lest a temperate account may sound like adulation.” Before a previous Parliamentary Committee (in 1859), he gave his evidence “with uncommon courage, knowledge and perspicuity.”

---

\* In the *British Medical Journal* for April, 1879, pp. 566 and 604.



A Scotch critic on the same subject—Lunacy Law Reform in England—also refers to that “veteran and experienced philanthropist, the Right Honorable the Earl of Shaftesbury, who for twenty-five years has acted as chairman of the English Lunacy Board, and for nearly half a century, has been practically at the head of all English lunacy legislation.”\*

It is not surprising then that his lordship’s statements on lunacy questions attract an attention and carry a weight, which they may not intrinsically deserve.

Now the Parliamentary Committee of 1877 were naturally curious concerning the burning question of restraint or non-restraint, and they accordingly made certain inquiries thereon of the Noble Earl. His answers (which are printed on page 543 of the committee’s report,† which, by the way, is a perfectly public or state document), contains the following intelligence, purporting to be partly matter-of-fact and partly matter-of-opinion, both in reply to query No. 11,335. The *fact* he alleges is this: “Mechanical restraint has been *abolished in every asylum* in the country; and see how well we go on?” The *opinion* which precedes the alleged fact is this: “If we ever go back to *any portion* of it, it will become universal, and matters will be *worse‡* than they were before.”

Let us leave the value of this *opinion* and of other opinions of the Noble Lord bearing on the same subject, until we have gauged the value of the *fact*, as he states it—that mechanical restraint in the asylums of Eng-

---

\* *Dundee Advertiser*, September 24, 1878.

† This report is generally known as the *Dillwyn* Report, or the report of the *Dillwyn* Committee, from the name of one of the leading members of the said committee. A great defect in such a report is the want of a full analytical *index*, such as that given by the late Sir James Coxe, in the *Scottish Lunacy Commission Report* of 1856.

‡ The italics in this and similar cases are, of course, mine.

land is a thing of the past. *If* the fact be as stated by him, the annual Blue Books of the English Lunacy Board, which are regularly signed by "Shaftesbury, chairman," ought to be a *tabula rasa* so far as concerns any record of mechanical restraint in English asylums—those patterns of superhuman excellence.

But confining myself to one of these Blue Books—the last or thirty-second which bears date August, 1878, and which therefore records the incidents in English asylums of 1877, I find no less than *one hundred and twenty-three cases\** of mechanical restraint reported as having occurred in a *single year*, in a limited number of the *public* asylums of England, under circumstances, that is, in which such restraint was least likely to be used. For it is not in the *public* asylums so much visited by lunacy commissioners that we look for a development of mechanical restraint, but among the insane who are not treated in asylums at all.† The details, however, concerning the one hundred and twenty-three cases of mechanical restraint in English asylums reported by "Shaftesbury, chairman," himself,‡ as having occurred in 1877 are of sufficient interest to merit tabulation and comment.

Table I. Showing the names and number of *public* asylums in which mechanical restraint was employed in 1877.

---

\* The number of cases, however, is not always specified by the registers, so that the numbers here given must be considerably short of the actual number.

† Of the 68,538 "registered patients" to whom the thirty-second Blue Book of the English commissioners refers, only 37,763 were in "county and borough asylums."

‡ He and "all whom it may concern" will find the details given in the following pages of the thirty-second Annual Report of the English Lunacy Board: 141, 151, 153, 155, 160, 165, 171, 179, 186, 199, 207, 214, 225, 235, 238, 258, 261, 265, 271, 274, 273, 279, 233, 287, 290, 295, 298, 299, 333, 335, 338, 342, 354, 355 and 365.

I. *County Asylums:*

1. Berks. 2. Cheshire, Macclesfield. 3. Cornwall. 4. Cumberland. 5. Derby. 6. Dorset. 7. Essex. 8. Hants. 9. Kent, Barming Heath. 10. Lancashire, Whittingham. 11. Middlesex, Colney Hatch. 12. Middlesex, Banstead.\* 13. Northumberland. 14. Shropshire. 15. Somerset. 16. Sussex. 17. Warwick. 18. Wilts. 19. York, North Riding. 20. York, West Riding, Wakefield. 21. York, West Riding, Wadsley. 22. York, East Riding.

II. *Borough asylums, registered hospitals and state asylums.*

23. Birmingham. 24. Hull. 25. Ipswich. 26. City of London. 27. Newcastle-upon-Tyne. 28. Norwich, Infirmary Asylum. 29. Norwich, Bethel Hospital. 30. Earlswood, (for Idiots.) 31. Yarmouth, (for sailors.) 32. Royal India Asylum, (for soldiers.) 33. Leavesden, (for adult imbeciles.)

Table II. Showing the assigned *reasons* for the application of mechanical restraint.

1. "To prevent her picking her face during an attack of erysipelas."

2. "To prevent self-injury whilst suffering from erysipelas."

3. "At night to prevent the constant attempts at self-injury."

4. "To prevent his carrying out persistent efforts to tear open the sutures of the wound in a case of cut-throat."

5. "Exceptionally violent, homicidal, and suicidal tendencies. He made a most desperate attempt to kill himself by beating his head against the wall." By no means an uncommon occurrence in "non-restraint" asylums where greivous wailing is made over the so-called "accidents" that every now and again happen under the supposed benevolent "system" of treatment.

6. "*Necessitated*"—say the commissioners themselves—"by her violent and determined suicidal impulse."

7. "To prevent him from putting his fingers down his throat to cause vomiting."

---

\* Probably it is the influence of Conollyism and of tradition that leads to such a marked diversity in practice between the public asylums of the same county, Hanwell being still conspicuous for its *non-use* of mechanical restraint.

8. "To prevent self-mutilation."
9. "To prevent self-injury."
10. "To prevent her picking her face."
11. "To prevent picking her head."
12. "Murderous propensities."
13. "Suicidal impulses of a very dangerous description."
14. "For controlling maniacal excitement."
15. "Violence."
16. "Destructiveness."
17. "Destructive habits."
18. "To control destructive habits."
19. "To prevent removal of dressings and bandages."
20. "Fractured her thigh in a fall."
21. "Strong and troublesome."

Table III. Showing the *forms* of mechanical restraint employed.

1. "Strait-waistcoat."
2. "Camisole."\*
3. "Polka with sleeves attached."
4. "Hands fastened to the sides of the bed by cotton bands."
5. "Kept in her chair by means of a strap passed loosely round her waist."
6. "Hands loosely tied down by flannel bandages whilst in bed."
7. "Hands loosely fastened."
8. "Hands secured by means of the sleeves of a strong dress being sewed up below them and secured either behind her back or to her side."
9. "Sleeves."
10. "Fastened in bed" at night.
11. "Packing in wet sheets."
12. "Dry packing."
13. "Soft gloves."
14. "Gloves."
15. "Hands tied."
16. "Arms confined."

---

\* Moreover the Camisole would appear to be, or to have recently been (in 1876), placed at the command of the ordinary attendants in some of the highest-class asylums in England for the affluent insane, *e. g.*, the Manor House, (London), and Coton Hill, (Stafford; 30th Report of Commissioners, p. 295, and 31st, p. 108.



Table IV. Showing the *duration* of the application of mechanical restraint.

1. Forty-seven weeks. 2. One hundred and three days. 3. Five and one-half weeks. 4. Eighteen days. 5. Thirty-eight hours. 6. One day. 7. Ten hours. 8. "Through the night."

Table V. Showing the *number of cases* of mechanical restraint in each asylum.

1. In one asylum, sixteen cases—that is instances of its application in some of the forms mentioned in Table III. 2. In one asylum, thirteen cases. 3. In one asylum, ten cases. 4. In three asylums, seven cases. 5. In nine asylums, four cases. 6. In three asylums, three cases. 7. In five asylums, two cases. 8. In eight asylums, one case.

Table VI. Showing the general *reputation* or character of the asylums in which, or the physicians by whom, mechanical restraint is employed.

1. *Whittingham*: "We have great pleasure in thus recording our opinion\* of these proofs of the continued energy and ability of the medical superintendent in promoting the best interests of the Institution, and the welfare of its inmates."

2. *Wakefield*: "We have much pleasure in recording our opinion that this important Asylum continues to maintain its high position, and that it is managed with great efficiency and ability."

3. *Sussex*: "We have much pleasure \* \* \* in reporting that the condition of the Asylum and the manner in which the patients appear to be treated reflect great credit on the committee of visitors and the medical superintendence."

4. *Derby*: "We are glad to be able to report very favorably of the condition of the asylum and of the skill and energy displayed in its management."

5. *Essex*: "We are glad to have this opportunity of again expressing a very favorable opinion as to the management of

---

\* The English Lunacy Commissioners make their official visits in couples, one of the two being a physician and the other a barrister. Hence "our opinion represents a conjoined medical and legal one, that of both a medical and legal lunacy commissioner."

this Asylum, and of the *kindness*\* with which the patients are treated."

6. *Hants*: A similar testimony is given.

7. *Royal India Asylum*: "The condition of this asylum continues to reflect great credit upon the management of Dr. Christie."

8. *Yarmouth*: "We have the pleasure of repeating the opinion expressed on many former occasions that this hospital is managed with ability, and the good treatment and comfort of its inmates are well provided for."

9. *Earlswood*: "We have much pleasure in reporting that the good organization is everywhere maintained, and that the condition and management of the Institution are most creditable to the authorities."

10. *Northampton*: Too, "continues to be managed with the same ability and zeal for the welfare of the inmates, which we have been able to report on former occasions."

11. *Bethel Hospital*: "We have again the pleasure of expressing our opinion of the *kindness* with which these patients are treated, and of the zeal which is shown for their welfare."

12. *Macclesfield*: "We entertain a favorable opinion of the condition of this Asylum."

13. *Berks*: Is "managed with skill and success."

14. *Cornwall*: Its condition is ascribed "to the careful and intelligent management of Dr. Adams."

This last table effectually disposes of the equally uncharitable and ridiculous assertions, made by Dr. Conolly and Lord Shaftesbury, or their admirers, as to the necessary connection between the use of mechanical restraint, and the reign of harshness or cruelty. For here we have the Lunacy Commissioners, themselves, impregnated as they have been with Conollyism for the last twenty-five years at least, proving officially that various forms of mechanical restraint are employed at the present day, in those English asylums that bear the highest reputation at Whitehall, by those physi-

---

\* I venture to call special attention to this word *kindness* in reference to the vaticinations of its opposite *cruelty*, so freely ascribed by Conolly or his satellites to *all* employers of mechanical restraint in whatever form or degree.

cians, who are by habit and repute, distinguished for their *humane*, as well as successful management.\*

In short an analysis of such a Blue Book of the English Lunacy Commissioners,† directed to the discovery of the extent to which mechanical restraint really prevails in the treatment of the insane in England, should, once for all, explode the absurdities and tyrannies of Conollyism, by demonstrating that the most humane and experienced physicians in England consider the *most humane treatment* of the insane, in certain exceptional conditions, to be mechanical restraint.

In the face of such facts as are to be found embodied in such a British Government Blue Book, the continued assertion that the non-use of mechanical restraint is an essential feature in the modern "system" of treatment of the insane in England, which system is spoken of as the "non-restraint system," is worse than an absurdity; it is a mischievous perversion of facts—a deliberate misstatement of truth. But the statistics above quoted are very far from representing the extent to which mechanical restraint, in some of its forms, is really employed, at the present day, in the treatment of the insane in England.

The number of County Asylums in England is, ....	57
Of Borough Asylums, .....	8
Of Registered Hospitals, .....	20
<hr/>	
Making a total of, .....	79

*public* asylums, to which exclusively the restraint

---

\* Mechanical restraint is (or was in 1876), used at York, so long the headquarters of the Tukes, who are credited with the introduction of the "Humane" system of treatment into England.—[Thirtieth Report of Commissioners, p. 299.]

† If the reader take up, for instance their Thirtieth Annual Report, for 1876, he will find records of the application of mechanical restraint on pages 57, 70, 71, 134, 149, 150, 165, 168, 178, 192, 198, 202, 211, 217, 229, 238, 240, 245, 250, 256, 260, 270, 271, 277, 286, 287, 290, 295, 299 and 335.

statistics of the commissioners refer. But *private* asylums are more numerous in England, than these three classes of public asylums put together; they stand in the proportion of ninety-nine to seventy-nine.

If we assume that the proportion of cases of mechanical restraint to be found in a single year, in *private* asylums, is not likely to be greater than that which characterizes public ones, we have to add one hundred and fifty-four to one hundred and twenty-three, as representing the *probable* number of applications of mechanical restraint that occurred during 1877, in the *private* asylums of England.

With the present strong feeling of the public and of Parliament against *private* asylums,\* it will be impossible, however, to get people to believe that the instances of mechanical restraint are not *greater* in private† than in public asylums. The probability, indeed, is that at least twice as many instances of the use of mechanical restraint occur, within a given period, in private, as in public asylums in England, simply because the facilities for its employment are at least twice as great, and the chances of non-detection twice as numerous. Here is a sketch by Lord Shaftesbury himself of the treatment of "single patients" in "private houses" in England. "I am quite sure the *cruelties* that are perpetrated when patients are so placed are *often-times* shocking. \* \* \* \* These attendants when they want to have a junket, and to go out for their amusement do this, \* \* \* \* they *strapped* (their patients) *down to the bed and left them* so twenty,

---

\* There is, at present, a bill before Parliament, proposing to buy them all up so as to convert them into public or State institutions.

† Of a patient in one of these private asylums, Dr. Bucknill tells us in the Select Committee's Report of 1877, p. 297—"He was tied in his bed and very badly treated." This was a "chancery patient," and chancery patients are as a rule, wealthy, and can command the best private asylum in England.



thirty or forty hours.”\* A pretty state of matters in a country that has, for a long series of years, had no less than *two* sets of well paid commissioners, with all the paraphernalia constituting boards, whose ostensible object it is to prevent lunacy abuses in England!

Besides, the public and private asylums of England do not harbor all its insane, while the probabilities of the applications of mechanical restraint are obviously greatest, by far, in the case of lunatics, imbeciles or idiots who have not the advantage of periodical inspection by Lunacy Commissioners or Chancery Visitors.

The relative distribution of “lunatics, idiots and persons of unsound mind,” in England, on 1st January, was:

1. In County and Borough Asylums, .....	37,763
2. In Registered Hospitals, .....	2,778
3. In Metropolitan Licensed Houses, .....	2,069
4. In Provincial Licensed Houses, .....	2,133
5. In Naval, Military Hospitals and Royal India Asylum, .....	360
6. In Broadmoor Asylum, (for Criminal Lunatics), .....	482
7. In Workhouses, .....	11,859
8. In the Metropolitan District Asylums, (for the Chronic cases,) .....	4,406
9. Residing with Relatives or others, .....	6,688
<hr/>	
Total, .....	68,538

Now a glance at this table renders it evident that mechanical restraint is to be looked for, in the first place, in class nine, among lunatics, idiots and persons of unsound minds, who are in no kind of asylums at all, and yet it is precisely of these six or seven thousand persons that we are told nothing by the commissioners; it is precisely these unprotected individuals that we

---

\* Select Committee's Report, 1877, p. 566.

would expect to be the special objects of the State care, of the attentions of the Lunacy Boards of Whitehall and Lincoln's Inn.\*

Nor do the commissioners tell us how restraint stands in *work-houses*,† or in private asylums.‡ Indeed they give us very little direct information as to the extent to which mechanical restraint is used in English asylums. But they give us the data for *inferring* a great deal. For if, as has been shown, one hundred and twenty-three cases of such restraint occur in *public* asylums only, in a single year; if, as has also been seen, this is held tantamount, by Lord Shaftesbury and other government authorities, to a total absence of a practice so dreadful in itself, so fraught with evil, not less to those who use it than to those upon whom it is used; if, as is probable, one hundred and fifty-four is to be taken as representing for private asylums one hundred and twenty-three cases in public ones, and if lastly we add the *probable* proportion of instances of mechanical restraint that occurred in 1877 among "lunatics, idiots

---

\* Of the opinion of the medical press of England on the relative value of these boards, the following quotation from the *British Medical Journal*, of April 14, 1877, (p. 456), may suffice to give some idea: "The obvious remedy is an *amalgamation of the Boards* of Commissioners and Visitors in Lunacy, whereby one board for the visitation of all lunatics will be provided, too powerful to be placed under the feet of the Masters in Lunacy, and the absurd wasting of public money avoided, which is at present caused by the dual action of two sets of officials, discharging, practically the same duties. The Commissioners, and the Visitors, cost the country about £27,000 a year."

† Though not in the form of an "entry," similar to the "entries" made in the books of public asylums, we are told, (p. 85 of the thirty-second Annual Report), that in Headington Workhouse, restraint was resorted to *by steel handcuffs and by tying down in bed* for eighty-seven hours. Dr. Bridges, one of the Local Government, Inspectors of London Workhouses, confessed to the Select Committee of 1877. (Report p. 147), that these houses possess *strait waistcoats* and other means of mechanical restraint.

‡ For their thirty-second report contains no "entries," whatever, relating to these places of custody or care. Nor is there any reference to such *public* asylums as those of Jersey or the Isle of Man.

and persons of unsound mind," boarded out in England, having no lunacy board supervision of any kind, and among the insane occupants of work-houses, it is obviously a very low estimate to put the total number of cases of mechanical restraint of insane persons in England alone, in the year 1877, at a minimum of *three hundred*.

Here, then, we have a couple of contemporary Blue Books, issued by the same government, relating to the same subject, and containing the official utterances of the same Noble Lord. In the one he tells us that—

I. "Mechanical restraint has been abolished in *every* asylum in the country," while in the other he furnishes us with ample evidence that—

II. Nevertheless, in 1877, *one hundred and twenty-three* instances of its use occurred in *thirty-four* of its *public* asylums alone!

Is it necessary after *such* a contrast between personal assertion or opinion and undeniable facts, to attach any value at all to Lord Shaftesbury's peroration on "The Greatest Discovery of Modern Times—The Non-Restraint system. \* \* \* The greatest triumph of Science and Humanity that the world ever saw!"\* I trow not; for such discoveries are

"Chimeras all, and mere absurdities,"

as Dryden puts it; while according to Burns and men of common sense in general—

"*Facts* are chieils that *winna ding*  
And need na be disputed."

"*Ad summam quicquid venit, ad Exitum prope est.*"  
("Whatever comes to its height is near its end.")

---

\* Published on the same page of the Blue Book (p. 543) which contains his assertion, anent The Total Abolition of Mechanical Restraint.

## MECHANICAL RESTRAINT.\*

---

BY A. M. SHEW, M. D.,

Superintendent Connecticut Hospital for the Insane.

---

I believe I am correct in saying that the chief aim and study of Medical Superintendents during the past quarter of a century has been to reduce to the minimum the amount of restraint required in asylums, and to substitute labor, exercise and amusement in its stead. It is absurd to assert that all restraint is unnecessary and must be abolished. If it were a fact, where would be the necessity for building hospitals? Should not the patients be at home and at liberty?

An experience of fifteen (15) years in the care of more than three thousand (3,000) insane persons, together with considerable observation in this and foreign countries, and a careful study of the literature relating to the insane, convinces me that one of the most efficient elements in the treatment and restoration of insane persons may be found in the regularity of hospital life, and the moral restraint therein exercised. Nearly all deranged persons lack will force to balance, correct and control perverted mental action. Unless their abnormal thoughts are directed and corrected, morbid habits of thought will become fixed and permanent. No one doubts the efficacy of properly directing the growth and development of the mental faculties in healthy childhood; of exercising suitable control over wayward youth; and but few will question the wisdom of similar supervision over those who, from disease, are unable to reason correctly and act properly. Admitting then, that removal from home influences and the substitution

---

\* Remarks extracted from the Thirteenth Report of the Connecticut Hospital for the Insane.



of properly directed control at a hospital, is advantageous and necessary in a majority of cases, (not all), let us for a moment inquire how far this supervision can be confined to purely moral means. In other words is it ever necessary to resort to mechanical restraints in the treatment of the insane?

This is one of those questions which can not be answered by a simple affirmative or negative. A few years ago, (not now), the English alienist would unhesitatingly have answered, mechanical methods of control are unnecessary. At the same date the American alienist conscientiously believed that some forms of mechanical protection were absolutely required in hospital practice.

Paradoxical as it may seem, both of these positions were untenable. Here, as in other debatable questions, the extremes were not correct. Experience has shown, on the one hand, that asylums can be conducted without mechanical appliances; and, on the other, that there are some insane patients who are more humanely restrained, who make quicker and better recoveries, at less expense and trouble, when controlled by mild mechanical appliances, than when subjected to the seclusion of padded rooms or personal holding by attendants, under the so-called "Non-Restraint" system introduced by Hill or Connolly into the English asylums. The result has been a modification of views on both sides, and the thoughtful, conscientious alienist of to-day exercises a more healthy supervision over his patient by following neither the one extreme or the other, but a happy mean. It is a fact easily substantiated by statistics, that during the past ten (10) years American superintendents have steadily lessened the amount of mechanical restraint in hospital use, until now ninety (90) of every one hundred (100) patients

sent to the hospitals return to their homes restored, or remain at the institution in a condition of chronic insanity, without having been subjected to any form of mechanical restraint. It is only used in extreme cases of acute disease, where repose in bed is considered indispensable, or for protection in well pronounced homicidal or suicidal patients. Some American alienists conduct their institutions without even making use of any appliance other than careful watching and medicinal agencies. Dr. H. P. Stearns, in his report of the Hartford Retreat for the year 1877, on page 27 uses the following language:—"They (waistcoats, wristlet, camisoles, manacles, muffs, etc.), are eminently unscientific, and should be dispensed with *as far as possible*. It has been my aim to carefully and earnestly study each case coming under my observation with this in view, and I am happy to be able to report that we have succeeded in passing the year without the use of any of these means of mechanical restraint."

In my recent brief visit to European institutions I saw in use the same mechanical appliances that are found in American hospitals, viz.: camisole waists, leather wristbands and "protection beds;" and in one asylum the shower-bath—a form of "mechanical medication" which I have not found in any American asylum—was in daily use, with good results, according to the testimony of the assistant physician. With one exception, the medical officers in charge of British asylums conversed with me freely respecting the moderate use of mechanical protection in preference to personal seclusion, or manual restraint by attendants. The impression gained by these interviews and personal inspection of institutions, confirmed the statement already made, viz.: that during the past few years a strong and general reaction in favor of the moderate use of

mechanical protection in the treatment of the insane had taken place. This is conclusively shown in the published statements of leading foreign alienists. Thus Dr. Blandford, in his excellent manual for students, says:—"At the suggestion of the Commissioners in Lunacy, I have employed mechanical restraint." A leading article in the *Medical Times*, on "The Insane and their Management," referring to acute maniacs, insane epileptics, and general paralytics, declares "restraint in some form or other is necessary." Among other well-known names of those who approve of the use, in certain exceptional cases, of some simple form of mechanical restraint, may be mentioned Dr. W. A. F. Browne, the late Dr. Forbes Winslow, Dr. Murray Lindsay and Dr. Ashe, of Dublin.

In an article on "The Theory and Practice of Non-Restraint in the Treatment of the Insane," published in the *Edinburgh Medical Journal*, April and June, 1878, Dr. W. Lauder Lindsay, Superintendent of the Murray Royal Institution, at Perth, says:—"Among the general results of my own observation, correspondence and reading are these: The use of mechanical restraint is advocated by at least ninety (90) per cent of physicians engaged in lunacy practice throughout the world. Mechanical restraint forms an occasional feature of treatment in those asylums which have the noblest history and the highest reputation. In other words, it constitutes an essential feature in the most modern, most enlightened, most humane treatment of the insane."

I have asked your indulgence in making the foregoing remarks respecting restraint, because I believe the public have been misled by some recent American writers and teachers, who have apparently endeavored to compliment the foreign, especially the English asylums, at the expense of our own institutions. After

♦

many years' experience in the one, and no inconsiderable freedom in visiting the other, I would remark:—

1st. That the foreign institutions are more substantially constructed than our own; or, in other words, that the buildings cost more. This is seen in the stone floors, and fire-proof stairways, and thick walls, and turreted roofs.

2d. The foreign asylums are not so well furnished as the American, and there is less of the home-like, comfortable appearance which many of our institutions have.

3d. Less attention is paid to heating and ventilation. Many of the English asylums have simply old-fashioned fire-places, protected by iron cages; and one superintendent told me frankly that he knew nothing about ventilation or its principles—"that belonged to the engineer."

4th. The same forms of mechanical restraint are in use in both countries. The only difference seems to be that in England they "abolish the name but retain the thing—restraint—while here we retain the name, but virtually abolish the thing." In confirmation of this statement, I would simply mention the fact that at Hanwell, near London, the scene of Connolly's labors, I saw more in the way of "bolts and bars," "coercion and confinement," in one day, than can be found in this institution in any ten days. And the babel of noise and confusion in one of the male wards exceeded anything in my previous experience. From the moment I had passed the well-guarded lodge, by permission of the uniformed gate-keeper, through the locked front door, had waited twenty minutes in the large, uncarpeted and sparsely furnished visitors' room, until a uniformed turnkey was ready to accompany me through



the wards, halls, kitchen and store-rooms, an uncomfortable feeling of restraint and utter helplessness took possession of me, and remained with me until I was once more outside the high walls. It was the same sort of feeling that one experiences in visiting a penal institution. Yet this was Hanwell, the scene of Connelly's life-work; an institution which has been held up as a model to be copied, and about which so much has been written.

Perhaps I have said enough to indicate that I am an advocate of the moderate use of mechanical protection in the treatment of the insane, or, in other words, to employ or apply what I consider the "*best thing for a given patient under given circumstances*," without reference to the creeds of other people. Each case is studied individually. It would be unwise to restrain nineteen (19) of every twenty (20) patients, because they do not require it. It would be equally unwise *not* to restrain the twentieth, who is destructive, dangerous and turbulent. Safety and moral discipline require it no less than the general good of the large majority who are quiet and orderly.

This properly brings me to speak of the results attained in this institution. By our system of daily reports we are able to record the exact number of hours or days and the form of restraint to which any patient is subjected, and the reason for it. From these tabulated reports it appears that only thirty-two (32) out of three hundred and thirty-five (335) males were subjected to any form of seclusion or restraint, and the whole time amounted to only five hundred and ninety-six and one-fourth (596 1/4) days, or to express it in another way would be to state that one man was restrained all the year, and another seven (7) months and twenty-one (21) days. This is the sum total of

restraint among men with a daily average present of 236.11.

In my last annual report I stated that insane women, from habit and inclination, take less out-door exercise, are by nature more "nervous," and consequently require more attention and restraint than men. Among the chronic insane there seems to be also a greater propensity to destroy clothing and to expose the person. Hence our tables show that more individuals of this sex were restrained or in seclusion; and the whole time amounted to eighteen hundred and eighty six (1,886) days. Using the same form of statement as above, it appears that five women were secluded or in restraint all the year, and one other for two months and one day, with a daily average of 238.06.

Among the most common causes for its application I would mention extreme mischievousness, determination to disrobe, repeated attempts at homicide, repeated attempts at suicide, maniacal excitement, masturbation, and destruction of clothing. One male patient was slowly but surely wasting his enfeebled frame by persistently standing. Here we found a covered bed, or as it has been unjustly called, "the Utica Crib," of not only practical service, but a real necessity. In this covered bed the patient could be comfortably kept in a horizontal position on a soft mattress, entirely free from other restraint."

## BOOK NOTICES.

---

*Handbuch der Geistes-Krankheiten, (Manual of Mental Diseases).*

Von Dr. HEINR. SCHUELE. Ziemssen's Cyclopædia, Vol. XXI.

The volume of Ziemssen's Cyclopædia of the Practice of Medicine, treating of mental diseases as a specialty, has been looked for with much interest. Since the death of Griesinger, no comprehensive work upon the subject has been published in the German language. The author, Dr. H. Schüle, in his position as physician to the Baden Asylum in Illenau, one of the most celebrated institutions for the care of the insane in Germany, the disciple, associate and intimate friend of the late Dr. Roller, was undoubtedly entitled to write such a work. He has been known, for years, to the profession, as an earnest and able writer upon the subject of psychiatry, a physician of ample clinical experience, a close observer, a student in pathological anatomy and histology of the nervous centers, and as a scholar in all branches of science connected with his specialty. The work is a volume of some seven hundred pages, and is divided into three parts: I, Psychological Introduction; II, General Pathology; III, Special Pathology. The second part treats of the physiology and anatomy of the disease, of its symptoms, its causes and its connections with diseases of other organs of the body. The third part gives the classification and the description of the different forms of mental disturbances and their course, the diagnosis and the prognosis of the different stages of the disease and its therapy.

The work is the result of assiduous study, and of deep original thought, and must be considered as a most valuable addition to special medical literature.

In Germany, the book, as it seems, has not met with universal approval. C. Westphal,\* the successor to Griesinger in Berlin, criticizes it in a spirit of severity.

In France, Dr. Chatelain† acknowledges fully its high scientific value, while an English opinion, by Edward G. Geoghegan,‡ is reserved, until the closing sentences of the article, in which the reviewer employs the same critical language as used by Dr. Westphal in Germany.

The first charge made against the author is his style. This is of no weight. Schüle employs certain words in a peculiar, uncommon, yet characteristic manner, and occasionally his diction is noted by a poetical strain, which is far from being only a "set of phrases." C. Westphal, however, directs his attacks particularly against Schüle's psycho-physical deductions, which appear to him, as it seems, like spirits of another world. The reading of these "translations of common, into psycho-physical or molecular language" is denounced as "extremely painful, fatiguing," futile, and nothing at all is said to be gained thereby for a better understanding of the phenomena in question. This is hypercritical. It may be "painful and fatiguing" to some, to accommodate themselves with new theories, or to be compelled to take up a new branch of study in order to keep pace with the progress of the time. Yet science knows of no command; it does not authorize anyone to restrain its progress, or the advancement of theoretical considerations, brought forth, in order to open new fields for scientific investigations.

It is not more hypothetical to speak of organic molecules as factors in the life actions of the cells of which

---

\**Archiv für Psychiatrie*, IX, 2.

†*Annales medico-psychologiques*, Mars, 1879.

‡*Journal of Medical Science*, January and April, 1879.



organic beings are composed, or of molecular changes in the constitution of nerves, than to speak of atoms and of molecules in the science of chemistry. And the time will come when we will have to ascend from the cellular pathology of Virchow to a molecular pathology as a branch of exact physical knowledge.

On the other hand psycho-physics, or physiological psychology, has become a science, the outlines of which have been drawn. It occupies the borderland between psychology and physiology, and its objects of investigation are the points of contact between the external and internal observation of phenomena. Sensation, for instance, is a psychological fact, which depends upon certain external circumstances, viz.: upon changes in the physiological and chemical conditions of nerves, produced by external causes. Motion, from inner impulse, is a physiological process, combined with chemical changes, the causes of which are in general only recognized in self-examination. In sensation, therefore, we look upon the point of contact between the two domains, from the internal, the psychological side; in motion from the external, the physiological side. If any science, this is the one whose task it has become to elucidate the fundamental phenomena of mental life and activity, and it is self-evident that it is also destined to throw more light upon the understanding of those conditions which are, in a given case, the causes of a deviation of the mental phenomena from the normal. Dr. Schüle, therefore, deserves our thanks that he has attempted to pave the way to progress in this direction. Perhaps he would have done better—that is, in the interest of those of his readers who are not prepared to follow him into the full depth of his science, if he had devoted a special chapter in his book to the discussion of these questions. Yet, in many

other respects, this would have injured the work in the unity of its conception, and we are far from disagreeing with the author about this part of his plan.

The same scientific spirit which prevails in these attempts to explain the true physical basis of mental disease, characterizes its definition, the description of the symptoms and its causes, and, finally, the classification of the mental disturbances. The latter is one of the most interesting and original parts of the book. It can not be rightly comprehended without the full explanation, as given by the author himself, and without reference to the foregoing chapters and to the standpoint which the author occupies. Yet we will try to give a few hints. Before doing this, however, we must warn our readers against a misinterpretation of this classification. It is a classification of mental *disturbances*, not of mental *diseases*, as the English reviewer in the *Journal of Mental Science* translates the German word, "*Seelenstörungen*." The latter would be entirely against the spirit of the whole work. Dr. Schüle acknowledges the existence of only *one* mental disease; that is, an affection of the brain, as the organ of the mind, which, according to the location of the parts of the brain which are morbidly affected, and to the nature and the degree of the affection, gives rise to the different forms, recognized as mental disturbances.

From this point of view it is evident that all classifications will prove deficient in some respect, and Dr. Schüle is fully aware of this, and of the fact that there are almost as many forms of insanity as there are individuals affected with the disease. But a classification appears to be indispensable from a clinical and therapeutical point of view, as it is important to collect the different orders of psychical symptoms into groups, defined by their relation to the seat, to the nature and

to the degree of the physical affection of the central nervous system as the anatomical and physiological substratum of the phenomena of the mind. Schüle's classification is, therefore, based upon a psycho-somatic principle, the same which has been adopted in general medicine, and the only one which renders possible the establishment of diagnoses. It is true, according to the present state of our science, there will remain much in such a classification that is problematical, but for this the author alone can not be blamed. It does not in the least affect the principle, and the attempt made by Dr. Schüle to arrange the material at his disposal, in accordance with this principle, is entirely in harmony with the spirit of the time.

The author separates, in his classification, at first, the conditions of defect, congenital or acquired, from the mental disease, *κατ' ἐξοχήν*. He distinguishes between conditions of defect, *sensu strictiori*—that is, abnormal development of the nervous centers, and conditions of degenerescence—that is, a hereditary or acquired state of infirmity of the nervous system, from the influence of vices, intemperance, or even from injuries to the head, etc. The first division has its psychical equivalent in idiotism; the second, 1, in hereditary, instinctive and moral insanity; 2, in neuroses of a graver character, as epileptic, hysterical and hypochondriacal insanity; and 3, in periodic or circular insanity, which, with its characteristic maniacal and melancholic symptoms, connects the first main group with the second one. The special description of these forms is excellent, and they are illustrated by typical cases.

The mental disturbances of the second main division, arising after the full organo-psychical development, are at all times acquired. It is the mental disease, *κατ' ἐξοχήν*, somatically expressed: the fully developed brain in its

different modes of reaction upon functional vaso-motor disorders or organic affections. The group is divided in—A. Psycho-neuroses, conditions in which solely the psychical functions seem to be affected only in degree, while the psychical mechanism is still preserved. They must be considered anatomically and physiologically as morbid conditions of the psychical tracts, of a nature and intensity which at first, under otherwise favorable circumstances, do not lead to a destruction of psychical elements. The sub-divisions are; I, acute and sub-acute psycho-neuroses, developed upon a sane neurotic basis, through the influence of vaso-motor disorders. The primary forms are; *a*, melancholia; *b*, simple mania, (Tobsucht), with the intermediate form of melancholia agitans. The secondary forms: systematic madness, first degree, (Wahnsinn); *b*, dementia, (Blödsinn). II. Chronic psycho-neuroses, developed upon a basis of degenerescence, and upon primary neurotic conditions—systematic madness: *a*, primary madness with delusions of prosecution; 1, of a depressing character; 2, with ideas of grandeur; *b*, systematic madness, *sensu stricto*, (Verrücktheit), 1, the psycho-convulsive form, *mala-die du doute*; 2, the psycho-catalyptic form, sensorial systematic madness.

B, Cerebro-psychoses. Under this head the author comprises affections of the psychical tracts of a graver character, with disturbances of the psychical mechanism. They present themselves as connected with diffuse cerebral affections, which, however—and this is of importance in regard to their relation to the following group—still seem to originate solely in the psychical sphere. Yet the disturbances are graver, the state of mind is lower, and the organic cerebral disease, according to the location of the affection, gives rise to motor disturbances, as additions to the complexity of the



symptoms. They are the result of the general neurotic condition, and in their forms and course still intimately connected with the psychical disturbances, (in opposition to the following group). The first sub-division is: cerebro-psychoses, with phenomena of motor excitement: *a*, mania furiosa, with transitory mania; *b*, mania gravis; *c*, delirium acutum. Second sub-division with symptoms of neurotic motor tension, conditions of atonicity: *a*, melancholia attonita, *b*, katatonia, (Kahlbaum), *c*, primary dementia—stupor—acute and sub-acute. Third sub-division, with progressive, paralytic symptoms; the typical form of general paresis.

C, Psychical cerebral diseases. The mental disturbances in these organic morbid conditions are of a secondary nature. They do not take their own course of development, but are consecutive upon or concomitant with idiopathic cerebral diseases. They comprise the conditions of dementia with paralysis; the clinical forms of modified paralyses: *a*, meningo peri-encephalitis chronica and sub-acute; *b*, pachymeningitis and hæmatoma; *c*, diffused sclerosed encephalitis with and without phenomena of excitement; *d*, diffuse encephalitis with foci of morbid material, (local softenings of the brain, apoplectic foci, capillar—ecstasy with miliary foci, multiple sclerosis); *e*, diffuse encephalitis following new formations in the cerebrum; *f*, chronic peri-encephalitis preceded by tabes of the posterior columns: tabetic paralysis, *g*, primary atrophy of the brain with cotemporary tabes spinalis; tabetic dementia, *h*, encephalitis syphilitica with mental disturbances.

This is Dr. Schüle's classification. It will be seen that it necessitates the study of the work itself, at least a more detailed description than we are able to give in this place. The establishment of the last main division especially seems to demand a few more explanatory

remarks. Dr. Chatelain, in his review,\* feels surprised about the position of general paresis in the classification, which he is inclined to rank among the psychical cerebral diseases, probably persuaded by the frequency of the anatomical lesions observed in the brains of paretics, which are similar to those characteristic of some forms of the last group. Yet this is not quite in accord with Dr. Schüle's principle of division. There is scarcely an anatomical lesion known which has not occasionally been found in the brain of paretics. But those which are the leading points in the system of the author's last group may or may not be connected with mental disease, κατ' ἐξοχήν, a factor which in typical paresis will never be missing. In this the author, as it seems to us, is fully in the right path. From the point of view of the present state of our science we must admit that he stands with a right judgment of the facts entirely within the limits of our knowledge. He declares, in the most scientific spirit, that he does not pretend that his system of classification embraces the sum of all pathological mental conditions, and that each individual case necessarily must be ranked among the one or the other of the groups which he has described. The charge,† therefore, that his classification is an artificial and theoretical one is more than unjust; moreover the insinuation of Westphal, who detects in it the working of a dualistic principle is entirely absurd.

In some essential parts of the work, especially in reference to the theory of the development of the psychoses, we do not fully agree with the author. Dr. Schüle, in his efforts to discover the common active factor in the initial stages of the disease, adopts Cl. Bernard's

---

\* Loc. cit., pag. 338.

† *Archiv. für Psychiatrie* IX, 2 pag. 461, and *Journal of Mental Science*, April, 1879, pag. 112.

theory of the existence of trophic nerves as parts of the sympathetic system. He ascribes to the influence of affections of the sympathetic, in its character as the trophic nerve of the brain, the alterations in the nutrition of the organ, which are always noticeable. In another article of this JOURNAL we have briefly criticised this part of the work. As far as the vaso-motor system simply, and its affection is concerned, we yield to the views of the author, but we can not accept his further deductions. The vaso-motor factor undoubtedly produces conditions which may or may not result in more or less severe disturbance of nutrition in all those districts in which these nerves are affected. Yet before, upon the basis of these conditions, an alteration in the change of matter takes place, another factor must come into action through the influence of which the affinity of the tissues or of the protoplasm of the cells, of which the tissue is composed, to the nutritive material undergoes changes.

Cl. Bernard and Schüle locate this factor in the action of special nerves upon the tissues. But there is no necessity to do this nor does it explain anything. The chemical theory, in connection with the fact, based upon exact observations, that in consequence of the vaso-motor disturbances the nutrient vessels undergo changes in their structure, suffices fully to explain the phenomenon. These changes in the structure can not be without influence upon the constitution of the material for nutrition which the vessels furnish. It is the altered condition of this material, which causes the tissues or the cells to suffer from malnutrition in the one or the other direction, as this must, on the part of the cells, alter the chemical affinity of these to the material, and there seems to be no necessity to refer to the influence of any other factor.

This may suffice. We will find opportunity enough at other occasions to enter into a detailed discussion of other parts of the work, as it will not be without influence upon the further development of our science.

We recommend the study of the book to all who are interested in the progress of this branch of practical and theoretical medicine. It must be read, and more than once, which is perhaps a weak, but at the same time also a strong point in its composition.

*Allgemeine Psycho-pathologie zur Einführung in das Studium der Geistesstörungen, (General Psycho-pathology ; an Introduction to the Study of the Disturbances of the Mind).* By Dr. H. EMMINGHAUS, of Würzburg, Germany.

The science of psychiatry in Germany, since the establishment of special chairs in a number of universities, has become noted for its progress. Thus, aside from the rich scientific material laid down in the periodical literature on this subject and in several important monographs, the number of manuals and text-books has also been increasing. The work before us, of Dr. Emminghaus is an introduction to clinical psychiatry. It is divided in three parts: I. General Nosology of the Disturbances of the Mind; II, Aetiology of the same, and III. Pathological Anatomy and Physiology.

The nosological part treats of the nature of the psychical disturbances and of the sources from which the psycho-pathological knowledge is derived. It contains furthermore, the general symptomatology, the diagnosis and the prognosis of mental disorders and their course. The ætiological part discusses the general predisposing and the special and occasional causes of mental aberrations; that on pathological anatomy describes the microscopic and the histological changes in the tissues of the brain which are found concomitant



with the disease; and in the pathological physiology the author tries to show the origin and the mechanism of the disturbances of nutrition in those affections, and deduces, as far as possible, the phenomena of the psychological anomalies from the changes observed in the histological structure of the grey cortex of the cerebrum, as the anatomical and physiological substratum of all mental activity.

The author has performed his task with much skill and in a truly scientific manner. The book is a volume of 450 pages, two hundred of which are devoted to the symptomatology, as the most important and interesting part of the work. The phenomena in question are divided into three main groups, viz: anomalies of feelings; anomalies of thinking; anomalies of acting, which are described in detail and aptly illustrated by brief histories of characteristic cases, in a great part from the author's own experience. The author in the diagnostic part simply discusses the leading points of the divisions into mania, melancholia, dementia, systematic madness, (*Verrücktheit*), etc., and of the classifications more recently advanced, deduced from clinical histories and the course of the disease. In the ætiological part, which occupies about one hundred pages of the work, he gives an excellent digest of the voluminous literature upon the subject. The last part then describes the pathological anatomy and the physiology of the nervous centers in their relation to the phenomena in question. Here, of course, not much more than a simple collection of facts, systematically arranged, is given quite in accordance with the present state of knowledge, which does not permit of many theoretical considerations. All the efforts which have hitherto been made, in order to establish a theory of the connection between the symptomatology of the disease and its pathological

anatomy, have been either undervalued or over-estimated. They have been undervalued by those, who still hesitate to acknowledge true organic affections of the cerebrum, the degenerations or mortification of portions of its histological elements as the real causes of the mental defect observed during life. They have been over-estimated by those who believe that functional disturbances in all cases must have their anatomical equivalent. The latter can by no means be ascertained at present. The earlier changes which the tissues undergo, probably always consecutive upon alterations in their nutrition, are undoubtedly not detectable by the aid of the microscope. They are of a molecular nature and to appreciate these we will have to refer, in the future, to pathological physiology and chemistry for explanation. The accompanying palpable alterations in the vascular system are evidently an important factor, which has to be taken into consideration in all functional disorders, but they do not throw any light upon the nature of these disorders or upon the nature of those processes in the life action of the tissues in question.

We heartily recommend the book, especially to the younger students of psychological science. It is a concise and comprehensive text-book in the best sense of the word.

*Diseases of the Bladder and Urethra in Women.* By ALEXANDER J. C. SKENE, M. D., etc., etc. New York: Wm. Wood & Co., 1878.

Professor Skene is the first English writer of a work devoted exclusively to diseases of the urinary tract in women, and his attempt will, therefore, be reviewed with considerable interest, especially by practical gynæcologists.

The author has written the book in the form of lectures, of which there are eight. The first six lectures are devoted to diseases and malformations of the bladder, the two remaining treating of affections of the urethra.

Lecture first treats of the anatomy of the bladder and urethra. In speaking of the so-called sphincter muscle of the bladder the author is inclined to doubt its existence. We do not agree with Dr. Skene in the rather skeptical manner in which he regards the ultimate success, as far as retentive power is concerned, in operations for an artificial urethra. We can readily call to mind cases where an artificial urethra has been made after extensive destruction of the vesico-vaginal septum, and with the most gratifying success as far as retentive power was concerned.

In lecture second, on functional diseases of the bladder, are included not only disorders due to paralysis, diseases of other pelvic viscera, incontinence and abnormalities of urine, but also those arising from anomalies of position and form of the bladder.

Lecture three is devoted to organic diseases of the bladder, and includes some remarks upon urinary analysis and exploration of the bladder.

Lectures four and five are upon cystitis. The concluding portion of the fifth lecture is devoted to vesico-urethral fissure. The remarks upon the treatment of cystitis are in the main, good. Prof. Skene refers favorably to the employment of milk diet as advised and employed by Dr. George Johnson, of England. The action of milk is probably due to the increased excretion of lactic acid by the kidneys, and its local action upon the bladder. In this view buttermilk would be still more efficacious and the internal and local use of lactic acid of still greater value, as has been

shown by Mr. Theodore Deecke in an article published in the February number of the *Buffalo Medical and Surgical Journal*. Mr. Deecke has here shown that in catarrhal and diphtheritic affections of the bladder this acid is of especial value, and demonstrates that its virtues reside in its power of destroying or arresting the growth of micrococci, gliococci, etc.

Lecture sixth is devoted to new formations, foreign bodies and hypertrophy and atrophy of the bladder, and is an intelligent and instructive resumé of what is known upon these topics. The concluding lectures are devoted to diseases of the female urethra. They give succinctly the important points to be observed in diagnosis and treatment of these frequently obscure and puzzling affections of the urethra, and will be found of much value to the general practitioner as well as to the gynæcologist.

An appendix to the work gives an account of a successful operation for extroversion of the bladder by Dr. Daniel Ayres, of Brooklyn.

Dr. Skene has succeeded in writing a work which will, we doubt not, be well received by the profession, and will be found to be a valuable contribution to medical literature.

*Vorlesungen über Psychiatrie für Studirende und Aerzte, (lectures on Psychiatry).* By Dr. C. DITTMAR. Part I. Bonn, Germany.

The work of Dr. Dittmar, of which only the first part is before us, attracts our attention from the fact that it belongs to the small number of those books in which the attempt has been made to base the science of psychiatry upon true psycho-physical principles, in spite of the scruples and objections of Dr. C. Westphal and others, in Berlin. Dr. Dittmar is a disciple of the excellent physiological school of Prof. Eduard



Pflüger in Bonn, Germany, and for years has been known as an exact observer and experimenter, to whom science is indebted for quite a number of most valuable contributions. The book is characterized by the author's effort to expose the inner connections between the psychopathic and the neuro-pathic phenomena. The phenomena of consciousness are treated as functions of the grey cortex of the cerebrum. The histology of the latter is given, and the micro-chemical and physiological processes are discussed in the sense of the theoretical explanations of the cerebral functions as advanced by Pflüger and W. Wundt of Heidelberg. An extract of the work can not be given, it must be read in order to be fully appreciated. The second volume, destined to contain the clinical part will be looked for with great interest.

*Lectures on Localization in Diseases of the Brain.* By J. M. CHARCOT; translated by EDWARD P. FOWLER, M. D. New York: Wm. Wood & Co., 1878.

The question of the localization in diseases of the brain has entered a new phase since we are in the possession of the two important works on the vascular arrangements in the cerebrum by Heubner in Germany and H. Duret in France. The lectures of Prof. Charcot are in the main based upon the results arrived at by the investigations of these two authors. The material is well arranged and the text illustrated by rather coarse, yet representative wood cuts, mostly copied from Duret, and, in order to demonstrate the inner structure of the cerebrum, by illustrations from the works of Hugenin and Meynert. The book is a most valuable addition to special medical literature, and Dr. Fowler deserves the thanks of the whole profession for his able translation.

*Lectures on Bright's Diseases of the Kidneys.* By J. M. CHARCOT, translated by HENRY B. MILLARD, M. D. New York: Wm. Wood & Co., 1878.

This valuable book of Prof. Charcot contains in seven instructive lectures, delivered at the School of Medicine of Paris, a large amount of excellently arranged anatomical and pathological knowledge and information. The standpoint of the author in regard to the disease is the same as that taken by Johnson and Grainger Stewart in England, and especially by the late Dr. Bartels in Germany, in his "Clinical Lectures on Chronic Diffuse Nephritis," and more elaborately, in his article in Ziemseen's *Cyclopædia of the Practice of Medicine*. Those who are in possession of the latter work will scarcely find anything new in Dr. Charcot's book, yet it is a practical guide and pre-eminent by its conciseness. We notice a few instances of faulty translation.

*A Guide to the Practical Examination of Urine.* By JAMES TYSON, M. D. Philadelphia: Lindsay & Blakiston, 1878. Second Edition.

The little book in its second edition does full justice to its title. It describes the newest and the most practical methods of urinoscopy and will not fail to become a valuable aid in the hands of the scientific practitioner.

## REVIEW OF AMERICAN ASYLUM REPORTS FOR 1877-78.

---

### MAINE :

*Report of the Trustees and Resident Officers of the Maine Insane Hospital:* December 1, 1878. Dr. H. HARLOW.

There were in the Asylum, at the commencement of the year, 416 patients. Admitted since, 188. Total under treatment, 604. Discharged recovered, 56. Improved, 45. Unimproved, 37. Died, 48. Remaining under treatment, 418.

This Institution has been in operation since October, 1840, and has treated 5,160 patients, of whom 4,742 have been discharged. Of those discharged, 2,035 were recovered, 912 improved, 798 unimproved and 997 died.

Dr. Harlow says, in speaking of medical treatment, little can be expected in the way of restoration of mental soundness while the physical health remains in an abnormal state. Particular attention is paid to the physical condition of patients coming into the Asylum and to their subsequent hygienic treatment. Each case is treated upon the general principles adapted to it. The doctor speaks highly of the influence of music in the moral treatment of the insane. He says: "As the effects of music become better known as a potent influence on minds diseased, it will, we believe, become more generally employed in hospital treatment."

The Superintendent in speaking of improvements needed, expresses the hope that means will soon be devised for lighting by electricity and thus supercede the annoyance of poor gas. The necessity of additional accommodations for the insane is again spoken of, and

the suggestion advanced for the erection of a pavilion for fifty female patients of the mild class in the rear of the east wing of the present building.

VERMONT:

*Biennial Report of the Officers of the Vermont Asylum for the Insane for the two years: 1877, 1878. Dr. J. DRAPER.*

*Biennial Report of the Commissioner of the Insane of the State of Vermont: 1877-78.*

*Report of the Senate and House Committee on the Insane Asylum.*

*Comment of the Officers of the Vermont Asylum for the Insane on the Report of the Special Commissioners.*

There were in the Asylum, at date of last report, 489 patients. Admitted since, 167. Total, 656. Discharged recovered, 52. Improved, 49. Unimproved, 32. Died, 64. Total, 197. Remaining under treatment, 459.

In his report the Superintendent makes some judicious remarks regarding the causation of insanity, showing that it is seldom the result of any single agency, but that it usually arises from a combination of causes or favoring influences. Some of these often ante-date even the existence of the individual and are the inheritance from his ancestors. To hereditary transmission of dominant traits of character is assigned the first position in causation, and in the statistics this seems to have the largest influence. The next most potent causes are found in the excessive indulgence of the passions and appetites, which far outweigh all so termed moral agents. Diseases of the nervous centers rank third in order. Among the moral causes, domestic troubles, disappointments and bereavements hold the first rank, while business troubles follow next in order. To over-work and over-study few cases are assigned. To hereditary predisposition alone thirty cases were attributed.



The work of rebuilding the wing burned in 1877, has been continued, and this has allowed the introduction of many improvements in the new buildings erected. Extensive alterations have been made in the center building which have added much to the safety against accident of fire. New steam cooking apparatus has been introduced into the kitchens and new steam heating apparatus into portions of the building, while the introduction of a fan has greatly improved the ventilation. A new gymnasium has been built and at the same time, provision has been made for a bowling alley and billiard room which give increased facilities for the recreation of patients. Much has been done in the way of amusements for patients, and the report manifests the interest which is felt and exercised regarding the employment of moral agents in the treatment of the insane. The remarks upon the care and classification, and also upon the special requirements demanded in a hospital for the insane owing to the character of the disease, are worthy of perusal.

The report of the Commissioner describes the condition of the Institution, arrangements for the care of the sick, the work accomplished by patients, the diet and expenditures of the Institution. Regarding the management of the Asylum we quote: "A great deal has been said of late in regard to the management of the Asylum, and by a great many the Asylum has been condemned, and strange to say, those who talk the most and loudest, are those who never visited it, and, in fact, never even saw the outside. It is time this talk and slander stopped. \* \* \* The idea of overhauling the Asylum every time the legislature meets just because some newspaper has published an editorial against it, is a foolish expenditure of money." The truthfulness of the remarks are attested by the experience of most of the institutions of the country.

The report of the Senate and House Committee upon the insane asylum puts upon record their approval of both managers and management, and recommends the erection and completion of a State asylum for the insane, the present Institution having been founded by private munificence and not owned or conducted by the State.

The Institution has been investigated by a special commission appointed for the purpose, and the comments by the officers of the Asylum point out fully the injustice of the strictures and criticisms made by the commissioners regarding the conduct and management of the Asylum. It would be difficult to conceive of a body of men making a more one-sided and prejudiced report than that made by the special commissioners.

#### MASSACHUSETTS:

*First Annual Report of the State Lunatic Hospital at Danvers:*  
1878. Dr. CALVIN MAY.

There have been received since the opening of the Institution, in May, 305 patients. Discharged recovered, 26. Improved, 13. Unimproved, 32. Died, 12. Total, 83. Remaining under treatment, 222.

Many imperfections in the building, especially in laying up the brick walls, have been detected, and the attempt has been made to remedy them, which it is hoped will prove successful, by repointing and painting the outside walls. Some alterations have been demanded to prepare the buildings properly for the uses for which they are intended. The locks were found to be unsuitable for the purpose, and these have been replaced by others better adapted for use. "The hospital, in its surroundings and the architectural construction of the wards, seems unsurpassed in its adaptability for the purpose for which it has been designed." Thus far the large

number of acute cases has demanded strictly hospital work. The Superintendent recommends the appointment of a special pathologist for the institutions of the State and promises his hearty coöperation. The Institution is now fully furnished with accommodation for four hundred and fifty patients.

*Forty-Sixth Report of the State Lunatic Hospital at Worcester:*  
1878. DR. B. D. EASTMAN.

There were in the Hospital, at date of last report, 528 patients. Admitted since, 315. Total, 843. Discharged recovered, 57. Improved, 88. Unimproved, 138. Died, 51. Total, 334. Remaining under treatment, 509. Daily average during the year, 496. Of the number discharged unimproved one hundred were transferred to the chronic asylum. The importance of early treatment is shown by the fact that of those discharged recovered, over seventy per cent had been insane less than three months when admitted to the Hospital.

*First Report of the Temporary Asylum for the Chronic Insane at Worcester:* 1878. DR. JOHN G. PARK.

There were admitted during the year, 429 patients. Discharged recovered, 4. Improved, 4. Unimproved, 20. Died, 26. Total, 54. Remaining under treatment, 375.

It will be remembered that this Institution is the old State Lunatic Hospital at Worcester, which was converted into a temporary asylum for the chronic insane, after the completion and occupation of the new Hospital. The buildings were considerably out of repair as it was supposed that the Institution would be discontinued as a hospital. Extensive repairs have been made to put them in suitable condition for the care of this class.

*Twenty-Fifth Report of the State Lunatic Hospital at Taunton:*  
1878. Dr. J. P. BROWN.

There were in the Asylum, at date of last report, 776 patients. Admitted since, 432. Total, 1,208. Discharged recovered, 89. Improved, 245. Unimproved, 219. Died, 76. Total, 629. Remaining under treatment, 579. Average number during the year, 613.

Of those discharged, two hundred and seventy-five were transferred by order of the Board of State Charities to the Asylum for the Chronic Insane at Worcester. Among those discharged recovered was a case of paroxysmal mania, who had been in the Asylum for sixteen years, and for two years without a paroxysm. The report of the Superintendent is occupied largely with a record of the alterations, additions and improvements to the buildings, grounds and furniture of the Hospital. For the first time for a long period the number of patients has been reduced to about the number intended to be accommodated by the Hospital. This relief from over-crowding, it is hoped, will add greatly to its efficiency, and ease of administration. The usual number of evening entertainments have been kept up during the year, these have been varied in character, consisting of reading, gymnastic exercises with music exhibitions with the stereopticon, lectures and concerts.

#### RHODE ISLAND:

*Report of the Butler Hospital for the Insane:* 1878. Dr. JOHN W. SAWYER.

There were in the Hospital, at date of the last report, 156 patients. Admitted since, 126. Total, 282. Discharged recovered, 26. Improved, 42. Unimproved, 22. Died, 22. Total, 112. Remaining under treatment, 170. Daily average, 163.



The report indicates the continued success of the Hospital in the care and treatment of patients. It records many improvements to the grounds and buildings, and an increase in the means of amusement and employment of patients. A fund has been created by benevolent individuals, to aid persons who are indigent and not able to meet their entire expenses. The report urges the charitably disposed to assist in the benevolent work. Charity could not be more wisely bestowed. The danger to the community, from acts of violence, by insane people, removed from the Hospital by their friends, is enforced by the recital of a case occurring during the year, in which a homicide was committed by a patient removed against the advice of the Superintendent. This patient has since been committed to an institution for the insane in a neighboring State, by order of the court.

#### CONNECTICUT:

*Thirteenth Report of the Connecticut Hospital for the Insane:*  
1878. Dr. A. MARVIN SHEW.

There were remaining at the date of last report, 468 patients. Admitted since, 161. Total, 629. Discharged recovered, 32. Improved, 40. Unimproved, 36. Died, 40. Total, 148. Remaining, 481. Average, 474.

Dr. Shew indulges in some very appropriate remarks upon the subject of restraint, and draws some interesting comparisons between American and European asylums, referring more especially to the British institutions. These remarks are so much to the point and so fully and freely contradict the misstatements of some recent American writers who have been quoted as authority in certain localities that we publish them entire elsewhere.

The report is accompanied by the usual statistical tables, and exhibits very satisfactory results in care and treatment. Dr. Shew refers to the overcrowded condition of the Institution, and remarks upon the necessity for additional accommodations.

NEW YORK:

*Tenth Annual Report of the Trustees of the Willard Asylum for the Insane for the year 1878.* Dr. JOHN B. CHAPIN.

There were in the Asylum, at date of the last report, 1,269 patients. Admitted since, 280. Total, 1,549. Discharged recovered, 6. Improved, 32. Unimproved, 28. Not insane, 1. Died, 87. Total, 154. Remaining under treatment, 1,394. Daily average, 1,340.

The managers report the reduction of the price of board from \$2.80 to \$2.60 per week. The farm furnishes an abundant harvest and contributes to lessen largely the cost of maintenance. They ask the legislature for an appropriation for the erection of another detached group for the reception of women patients, and claim that the present system can be extended, not only without detriment, but to the advantage of the Institution, in reducing by increase of numbers the cost of maintenance. They report the completion of the railroad connecting the various branches with the main building, and that this is an actual saving of expense to the Institution. They also report improvements in the buildings, such as the relaying of floors, increasing the facilities for ventilation, putting down a large amount of sewer and drain pipe, enlarging the laundry, painting the front walls of the front building and wings, completing the workshop and adding to their means of preventing danger from fire. The report of the Superintendent shows that there are

employed in the various departments of the Asylum 267 persons. The general health of the household has been good, that the number of deaths is small considering the character of the cases under treatment. During the year forty-three entertainments were given for the diversion of patients.

The farm connected with the Asylum contains 776 acres, of which about 500 are available for cultivation. The labor of patients has been largely employed. The value of which, however, can only be approximately estimated. A description is given of the various buildings and of the wards. The women's wards are now much overcrowded, and unless further accommodations are erected the number received can only equal the vacancies occurring by death or the removal of patients. The Superintendent has analyzed the causes which have operated, and which he thinks will continue to operate, to retard State asylum provision for the insane. Prominent among these is noted the provision of the law which enables the State Board of Charities to exempt certain counties from the Willard Asylum law and states that "if the State Board can exercise no power to require county officers to conform to a standard which it has prescribed, or should they fail to do so, from inability, or indisposition and if recent and curable cases may be sent direct to county houses instead of to the State asylums, for treatment, as there is good reason to believe is now done in many instances, then a general abatement of the safeguards and principles, which all experience has shown essential to the proper care of the insane, may be expected, and a disproportionate increase of incurables may be looked for as a further result which will assuredly follow."

Some interesting remarks follow upon the causes of insanity. The general conclusion is reached that some of them are avoidable, others unavoidable, and others preventable. An analysis has been made from various asylum reports, of the assigned causes of insanity. In 18,426 cases it appears "that 5,409 or thirty per cent may be ascribed to causes that were avoidable; 2,657, or fourteen per cent, to causes that were unavoidable; and 10,436, or fifty-six per cent, to causes that could not be strictly classified, or were partly avoidable and unavoidable."

*Nineteenth Report of the State Asylum for Insane Criminals:*  
1878. Dr. C. F. MAC DONALD.

There were in the Asylum, at date of last report, 104 patients. Admitted since, 44. Total, 148. Discharged recovered, 6. Improved, 4. Unimproved, 10. Not insane, 6. Died, 3. Total, 29. Remaining under treatment, 119. Daily average, 113.

In analyzing the statistics presented, the Superintendent reports that the records of the Asylum show that more than fifty per cent of the patients admitted since its opening, have been of foreign birth, and states that this fact confirms the conclusions "that the great State of New York serves as a sort of filter, through which the tide of immigration largely flows, leaving behind, as dregs, its social refuse, from which at least half of the inmates of our penal and eleemosynary institutions are derived, while many of the better classes of immigrants succeed in reaching more distant parts of the country and become good and useful citizens, as also do those of the same class that settle in our own State." He reports extensive repairs to the buildings, and also describes at length the requirements for the ensuing year, for which an appropriation is asked of the Legislature.



The total cost per capita was \$202.43.7, which is a marked decrease from the cost of several years past.

*Eighth Annual Report of the Board of Managers of the Buffalo State Asylum for the Insane: 1878.*

The managers report that the amount of funds on hand will, it is believed, be sufficient to complete the structures now in process of erection, and that an appropriation will be needed to furnish the buildings and place them in a condition for the reception of patients, the coming fall.

They close their report as follows: "When finished, this Asylum as a hospital for the treatment of insanity, will be one of the most complete institutions of its kind in any country, and will stand a monument of the liberality of the Empire State to the cause of suffering humanity." The report of the building superintendent gives in detail the work accomplished during the past year, together with an itemized statement of expenditures.

#### NEW JERSEY:

*Thirty-Second Annual Report of the New Jersey State Lunatic Asylum at Trenton: 1878.* Dr. JOHN W. WARD.

There were in the Asylum, at date of last report, 510 patients. Admitted since, 145. Total, 655. Discharged recovered, 53. Improved, 26. Unimproved, 8. Not insane, 2. Died, 43. Total, 132. Remaining under treatment, 523.

The Institution has under charge, at the present time, thirty-four of the convict class. The injustice of placing these among the ordinary insane, and the difficulties attending their retention and care are pointed out fully by the Superintendent.

The balance of the report is occupied with a statement of the repairs and improvements to the buildings, and with the statistical tables report which the products of the farm, the articles manufactured in the Institution, and the acknowledgment of favors received.

*Third Annual Report of the State Asylum for the Insane, Morristown: 1878.* Dr. H. H. BUTTOLPH.

There were in the Asylum, at the date of last report, 445 patients. Admitted since, 149. Total, 594. Discharged recovered, 28. Improved, 47. Unimproved, 11. Died, 28. Total, 114. Remaining under treatment, 480.

After giving in detail the various improvements made to the building and grounds during the year, and also plans for the labor of the ensuing year, the Doctor closes his report with some general statements in regard to insanity, divided as follows: its seat, nature, forms and general principles of treatment.

To hereditary transmission he ascribes the first position among predisposing causes of insanity. Exciting causes are divided into local and functional. Prominent among the local causes is external violence to the brain. Functional causes are synonymous with, but considered a more correct term than moral causes. The following is given to explain how functional exercise becomes an exciting cause of disease.

“To illustrate, if there be a part of the brain, by means of which the mind feels the emotion of fear, it is easy to conceive how violent and long continued action of the part should first induce functional aberration, with unusual energy of the corresponding feeling, and ultimately give rise to permanent disease, or even such change of structure in the organs as to render its healthy action forever after impossible.

The mental condition attending such a process would, at first, be extreme anxiety, apprehension and terror, from inadequate

causes, and corresponding to the excessive action in the physical part or organ.

But if the morbid change was so great as to impair the structure, a suppression of the feeling of fear, and consequent incapacity of acting with caution and prudence, would be the result.

Physiologically speaking, we would say that the *danger* is the natural object which stimulates the organ of cautiousness, just as light is that which stimulates the eye; and that the over-excitement of function thus produced, has deranged the healthy action of the organ, or destroyed its functional influence or capacity.

This principle may be applied to any and all the cerebral organs and their corresponding faculties, and thus explain, in brief terms, the mode of action in the large list of exciting causes through the single and combined agency of which the cerebral organs are induced to take on disease, and the corresponding faculties become deranged. With this view of the physiology of the brain, that is, that its regions and parts, hold uniform and definite relations to the several classes and individual faculties of the mind, and that these relations exist and are influential in disease as in health, the mode of operation of the causes of insanity become so much simplified as to be easily understood. It may be stated, however, in regard to many or most of the exciting causes of mental disorder, that they act with much greater force and effect, when, through their agency, rest by sleep is prevented, or materially disturbed for considerable periods. Of course they are also rendered greatly more effective through the influence of a predisposition to the disease, from any of the causes heretofore named, as giving a tendency thereto."

The forms of insanity are classified according to the nature and number of the faculties involved, a classification founded upon the principles of phrenology.

Under the head of treatment the first position is given to securing nutrition and rest by sleep, by medical treatment. Next in importance is the moral treatment of the insane which is fully described.

## S U M M A R Y .

---

—Dr. W. E. Saunders has been appointed Superintendent of the Hospital for the Insane at Austin, Texas, in place of Dr. D. R. Wallace.

—Dr. B. D. Eastman has resigned as Superintendent of the Lunatic Hospital at Worcester, and has been appointed Superintendent of the Lunatic Hospital at Topeka, Kansas.

—Dr. J. G. Park formerly Superintendent of the Asylum for the Chronic Insane, Worcester, Mass., has been appointed Superintendent of the Worcester Lunatic Hospital.

—Dr. H. M. Quinby formerly Assistant Physician at the Worcester Lunatic Hospital, has been appointed Superintendent of the Asylum for the Chronic Insane, Worcester.

—Dr. Walter Channing, formerly First Assistant at the State Hospital for the Insane, Danvers, Mass., resigned on February 1st to enter private practice.

—Dr. Henry R. Steadman, of Boston, was appointed to the position made vacant by the resignation of Dr. Channing, and Dr. W. B. Bancroft was appointed Second Assistant Physician.

—Dr. Edward Cowles, formerly Superintendent of the Boston City Hospital, has been appointed Superintendent of the McLean Asylum for the Insane, Somerville, Mass., *vice* Dr. George F. Jelly, resigned.



—Dr. T. O. Powell has been appointed Superintendent of the Lunatic Asylum at Milledgeville, Ga.

—Dr. S. B. McGlumphy has received the appointment of Superintendent of the New Hospital for the Insane at Yankton, Dakota.

—Dr. William Hailes, of Albany, was on January 1st, appointed Third Assistant Physician at the New York State Lunatic Asylum, Utica.

—Dr. S. A. Russell, formerly Resident Physician at the Albany City Hospital, was appointed Fourth Assistant Physician on March 1st, at the State Lunatic Asylum, Utica.

—Dr. W. W. Miner resigned on March 1st his position as assistant in this Asylum to enter private practice.

—Dr. E. N. Brush was elected Second Assistant January 1st, *vice* Dr. W. E. Ford, resigned.

## OBITUARY.

---

—On the 29th of January, Dr. T. F. Kenrick, the Fourth Assistant Physician of the New York State Lunatic Asylum, died in Naples, Italy. Dr. Kenrick was born in Franklin, New Hampshire, July 8, 1849. He was graduated from Dartmouth College in 1871, and in 1874 received the degree of M. D. from the Long Island Medical College. Soon after he was appointed Assistant Physician at Sanford Hall, Flushing, L. I., where he continued till September, 1876, when he resigned to occupy a similar appointment at Utica. He performed the duties of his position with signal success and acceptance till March, 1878, when he left for Europe as the medical attendant of a gentleman who had been under his care in the Institution. While abroad he traveled through England, Scotland, France, Germany and Italy, visiting hospitals and asylums and making careful and intelligent observations. The opportunities he enjoyed were fully appreciated as a means of advancement in the chosen field of labor to which he was so ardently devoted. He spent some weeks in Rome, during the winter, in visiting the city and the catacombs, and having exposed himself to the miasmatic influences which there exist, contracted typhus, the fever so justly dreaded by all, both resident and stranger. Leaving Rome he was prostrated in Naples, but after a week so far convalesced that he was able to be about. He then relapsed and died after some three days. The announcement of his death followed closely upon that of his illness and fell with crushing force upon the hearts of his parents and friends. His body was embalmed and reached the home of his parents in March, where the funeral was

attended on the 26th of that month. Prof. H. E. Parker, of Dartmouth College, a former instructor and life-long friend, delivered an address in which he justly eulogized the life, character and attainments of our friend. He needed no fulsome words to perpetuate his memory. The various relations of his life as a son, a brother, a friend, and physician he filled with a perfection rarely found, as he possessed in a marked degree those elements which inspired love, regard and confidence. His conspicuous cheerfulness was the outgrowth of his perfect state of health and of a natural disposition which caused him to look upon the bright side of every subject. He was frank and outspoken in his views, but never offensive in his expression of them. He had trained himself to a self-control and a self-reliance far beyond that of most men of his years—always prompt, always to be trusted, he gained the full respect and confidence of those with whom he was associated. His character was strong in its exemplification of the principles of honesty and integrity on which it was founded. His life was beautiful in its loving kindness and truthfulness. Every one was his friend; living he was beloved by all, and dead he is mourned by all, who knew him.

“After life’s fitful fever, he sleeps well.”

—Dr. Isaac Hays, the senior editor of the *American Journal of Medical Sciences*, died at his residence in Philadelphia, on the 12th of April, at the advanced age of eighty-three. Dr. Hays graduated as A. M. at the University of Pennsylvania in 1815, and took the degree of M. D. at the same Institution in 1820. Since 1827 he has been connected with medical periodical literature, having joined the editorial staff of the *Philadelphia Journal of Medical and Physical Sciences*,

which in a few months subsequent to his connection with the staff, was re-named the *American Journal of Medical Sciences*. In 1843 Dr. Hays commenced the publication of the *Medical News and Library*, and in 1874, on the cessation of *Rankin's Abstract of Medical Sciences*, the *Monthly Abstract of Medical Science* was commenced, in connection with the *Journal* and the *Medical News*. Dr. Hays was a frequent contributor to medical and scientific publications, and was associated with numerous organizations for the promotion of scientific research. He was chairman of the committee which presented the Code of Ethics to the American Medical Association adopted by that body.

























